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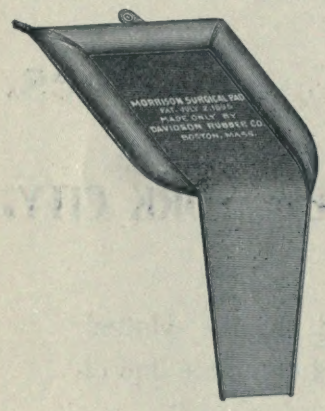

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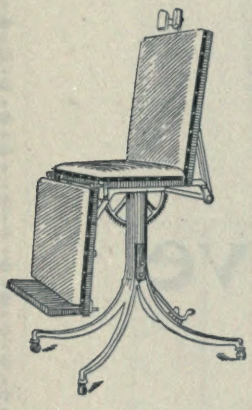

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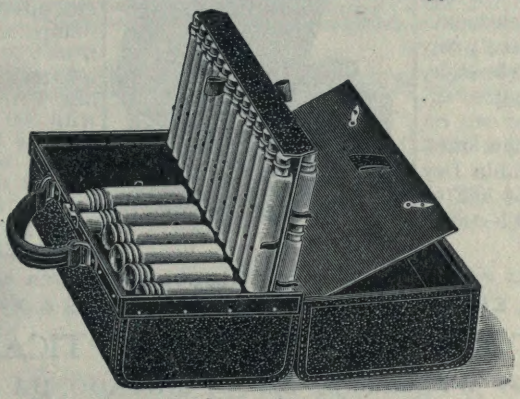

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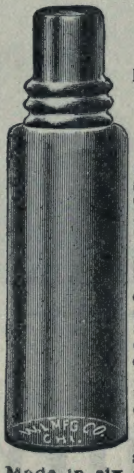

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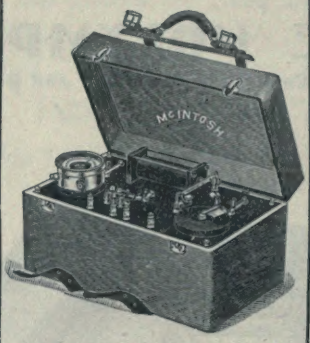

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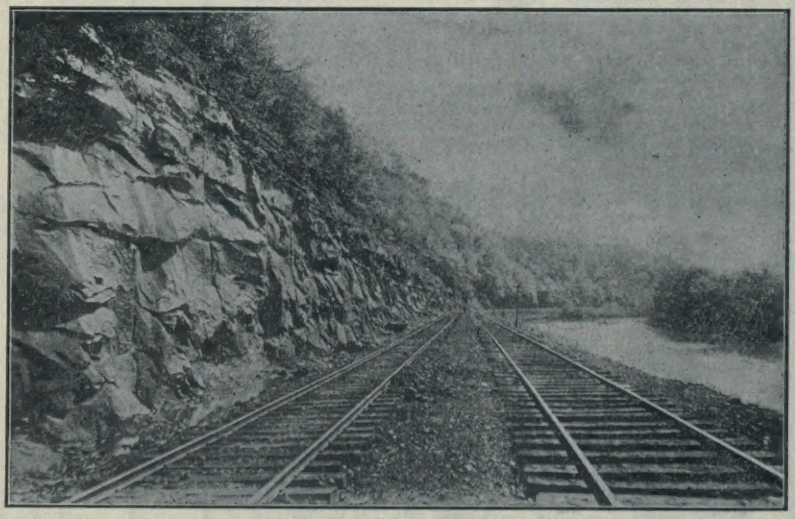

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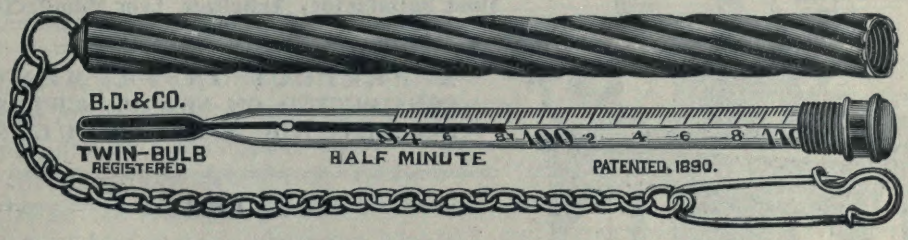

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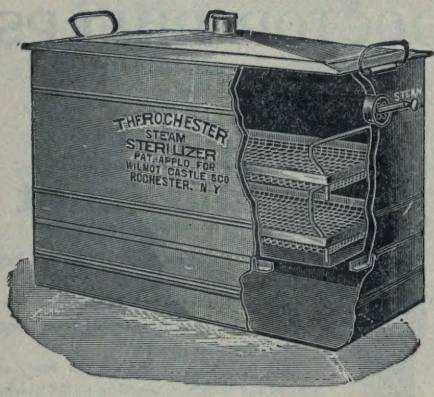

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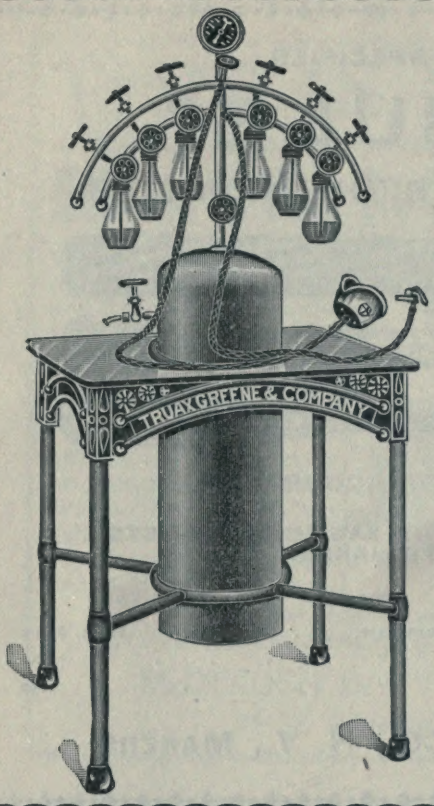

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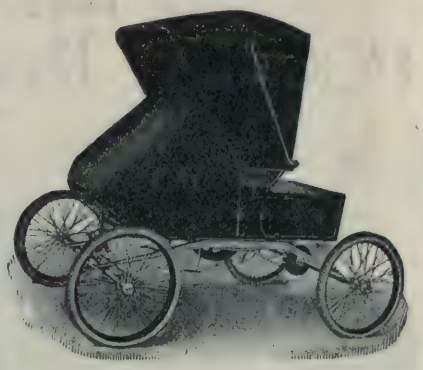

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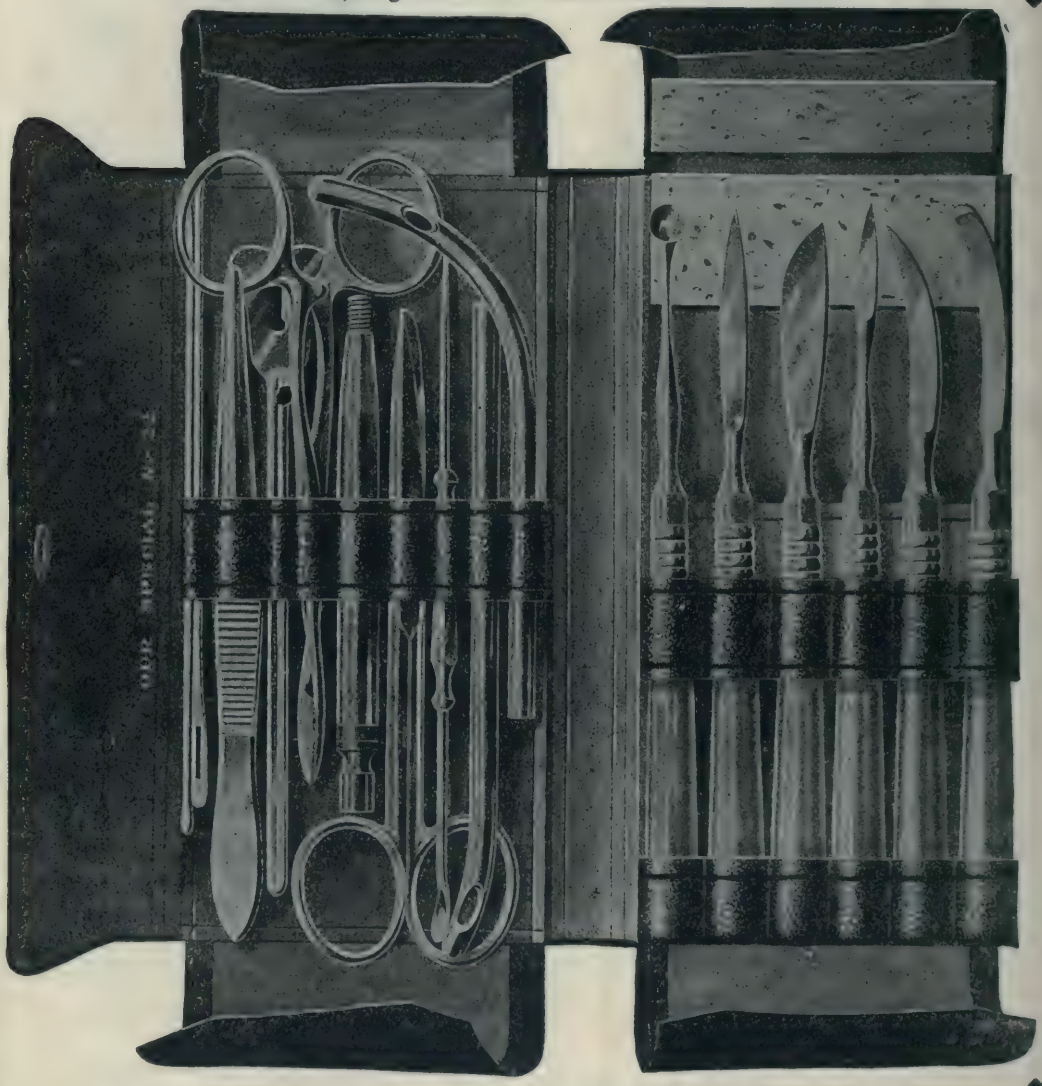

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DETROIT MEDICAL JOURNAL

ORIGINAL ARTICLES

OBSTIPATION AND ITS CAUSATIVE FACTORS.*

BY LOUIS J. HIRSCHMAN, M. D.,
Detroit, Mich.

In taking up the study of the rectum, I am well aware of the fact that it is a subject less thought of, and less talked of by the general practitioner, than almost any other subject of equal importance. In fact, the rectum, to the average practitioner, is a sort of "Darkest Africa," or unexplored continent.

To a builder, in constructing a house or institution, one of the most important questions to him is the question of proper drainage and sanitation. The most wonderful structure that has ever been in existence is the human body. While it is true that we are not builders, yet upon us, as medical men, devolves the responsibility of the proper care of this structure. Just as much as the success of the builder depends upon the healthful and habitable condition of his structure, so too, the health and welfare and happiness of man.

The question of proper elimination, (or drainage of the human system), is, perhaps, only next in importance to that of its nutrition. Anything, therefore, which interferes with a proper elimination of waste products from the human body is something which demands our prompt and early attention.

In taking up the study of the rectum, I realize full well that a great deal that I may have to say at this time must be taken by my auditors largely upon my say-so, but before I am through I shall endeavor to demonstrate to you that whatever my say-so may amount to, it is based on absolute fact. The most difficult question in the vast realms of surgery and medicine are those in which reflex disturbances are involved.

One of the most prolific sources of reflex disturbances is the alimentary tract, and particularly that part of the alimentary tract which is confined within the limits of the rectum. We all know, or we all should know, that numerous diseases referred symptomatically to the genital tract, the digestive tract and other more remote parts of the body, are

*Read before the Wayne County Medical Society, October 23, 1902, at Detroit, Mich.

due largely to disease, the pathological origin of which is in the rectum. Cases of sciatic pain, incontinence, and the opposite of incontinence, or retention, as well as cases of herpes, and even nasal symptoms, have been remedied by the removal of the causes which were found in the rectum.

It is only within recent years, within the last decade or two, that the largest strides have been made in the study of rectal diseases and their remedies; and, to men still in their prime as practitioners, is due to a large extent our present knowledge of advanced rectal therapeutics. Martin, of Cleveland; Otis, of Boston; Pennington, of Chicago; are among those men who have recently contributed to our knowledge in this quarter.

Now, what is meant by the term of Obstipation?

Obstipation, to my mind, is best described as difficult defecation, due to mechanical obstruction: which obstruction is an integral part of the rectal wall, or some organ which impinges upon the rectal wall. Obstipation, in contradistinction to constipation, it will be seen, is a purely mechanical condition. Constipation, however, is a condition which is usually caused by dietetic error, or some closely allied condition, or to atony of the muscular walls of the intestine, thereby weakening its propelling power. Obstipation, we have found, by observance of a large number of cases, is at the foundation of a great many different diseases. Any abnormal condition which is due to defective elimination may be caused by Obstipation. For instance, uric acid conditions, intestinal indigestion, with accompanying gaseous disturbances, palpitation, sciatica, acne, furunculosis and other skin affections, as well as numerous other reflex symptoms, have been traced directly to obstructed elimination.

These conditions have been relieved by the relief of the obstructed condition of the rectum. It is perfectly astonishing to one who has devoted some considerable time to the study of the rectum, to note the therapeutic "groping-in-the-dark" which has been indulged in by seemingly conscientious and faithful practitioners of medicine. I have known cases upon cases of individuals who, suffering from organic obstruction have been dosed with cathartic after cathartic, and never in the whole course of the patient's trouble has a rectal examination ever been suggested. In a great many cases where a rectal examination has been made, that examination has usually consisted of the mere insertion of the forefinger into the rectum or, perhaps also, the insertion of an ordinary dilating speculum in the lithotomy position or perhaps, with the patient leaning over a chair or table. This was called in almost every case a "thorough rectal examination."

Now, before any man can conscientiously treat any condition of the rectum, no matter how simple, it is his bounden duty to that patient and to himself, as a careful practitioner, to make a thorough examination of the rectum. I maintain that a thorough examination of the rectum cannot be made without special instruments and without the patient assuming a special posture. A very fair examination can be made without any instrument; that is, with the patient in the knee-chest position and the insertion of both index fingers, well lubricated and back to back. By slowly separating the fingers the rectum can be inflated and a fair knowledge of its condition obtained. But, a thorough examination requires, as I have said before, special instruments and special care. The technique of a thorough rectal examination is as follows:

The patient should be placed in the

Sims position on an ordinary surgical table or chair. He should be raised to the knee-chest position, with his buttocks well protruding. He may be turned so that he rests upon one shoulder or the other, for comfort's sake. First, a complete ocular examination of the external parts should be made; the anus should be well inspected for fissures, external hemorrhoids or fistulae. The ischio-rectal-space should be both examined ocularly and palpated. Then, a digital examination of the rectum should be made with the carefully annointed finger. A vaginal examination in the case of the female should be included in this position, for often the impinging retroverted uterus, or prolapsed and enlarged ovary, may be the cause of the entire difficulty.

After having carefully done this, a tubular rectal speculum, similar to that which I will now pass around, should be inserted. When the obturator is removed the atmospheric air rushing through the speculum into the rectum will inflate the rectum with a sharp hissing noise. I say the rectal speculum should be inserted. In reality, if the obturator of the speculum is pressed against the anus, slightly downward, towards the umbilicus and the patient asked to bear down, the anus will climb down over the speculum and it will enter the rectum painlessly. I might say that if the patient is neurasthenic, or the anus painful, the injection of a few drops of a one per cent. solution of cocaine, will render the insertion of the speculum painless. The speculum should be first entered to its fullest length, then, by means of a reflected light from the head-mirror, or better, by means of a small electric light, ocular inspection of the rectum may be made.

If the rectum seems to be terminated at the end of the speculum, this apparent obstruction is probably due to the presence of a rectal valve. Now, by proper manipulation of the speculum the edge of the valve will be brought into view, and beyond this will be seen a cavity. At the end of this cavity we may meet with another obstruction, and again moving the instrument to one side or the other, a new field will come into view. There may be two or three or even four such fields. These fields are known as rectal chambers, called from without inward, first, second, third, etc., rectal chambers. These chambers get their numerical name from the valves, behind which they are situated.

After we have satisfied ourselves as to the condition of the valves and chambers, noted whether or not the valves are enlarged, thickened, inelastic, or not; also, whether mucus is clinging to the valve edges, and also whether there is a polyp or ulceration in any of the rectal chambers, or not—in fact, after a complete ocular inspection of the rectum with the speculum this deeply inserted, we may gradually withdraw it.

We must note the new fields as the side-walls come together before the opening of the speculum, observing whether or not the rectal wall is congested or ulcerated, or whether hemorrhoidal conditions exist. I might say that a very good view of the sigmoid flexure can be obtained by means of this inflation. The question of the ready inflation or not of the rectum is a point of some diagnostic significance. The appearance of the valves is well illustrated (diagrammatically, of course), by the accompanying chart.

Now that we have acquired a fair conception of the technique of a proper rectal examination, we might with profit, discuss the various conditions which cause obstipation and which are diagnosed by means of such an examination.

Obstipation, which you will remember, is an organic obstruction, is caused occasionally in elderly men by enlargement

of the prostate gland. The diagnosis of this condition can be made by digital examination alone and needs no further comment. In women, particularly those who have borne children, or who have

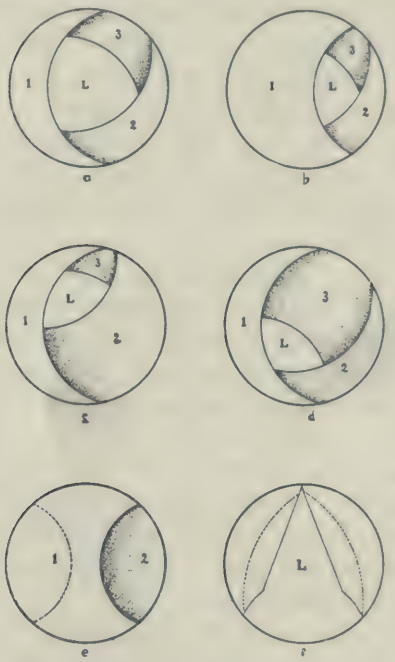

Plate I. (Diagrammatical.)

a—proctoscopic view of normal valves (first, second and third.)
b—proctoscopic view of enlarged first valve (second and third, normal.)
c—proctoscopic view of enlarged second valve (first and third, normal.)
d—proctoscopic view of enlarged third valve (first and second, normal.)
e—proctoscopic view of enlarged first and second valves overlapping.
f—V-shaped incision for valvotomy. Dotted lines show retraction line.

L—lumen of rectum.
1—first rectal valve.
2—second rectal valve.
3—third rectal valve.

enlarged wombs, or pathological enlargement of the other pelvic organs, who are suffering from rectocele or from adhesions of the rectum to the womb or other organs, may suffer from obstipation, due to these conditions. Spasmodic contracture of the sphincters may also obstruct the fecal movement. These conditions may also in a large measure be diagnosed after a vaginal and recto-vaginal examination, without the need of rectal inflation.

But by far the vast majority of cases of obstipation are caused by the enlargement of one or more of the rectal valves. There formerly was a great deal of discussion and question as to the existence of the rectal valve. Some men, yes, and quite recently, have declared that these so-called valves were nothing more than folds or rugae! But, I have yet to find one of these skeptic individuals who was of the same opinion after a proper rectal examination. In fact, their statements of the non-existence of the valves were based wholly upon ancient text-book knowledge and not by the results of modern investigation. The proper way to convince anyone of the existence of anything is to demonstrate such an existence. Therefore, in order to more fully explain the rectal valve and its affections it is almost imperative to do so by means of actual demonstration upon a patient. In the absence of a patient or subject, by a little stretch of the imagination, my chart may help us out.

The normal rectal valve is attached to about five-eighths of the rectal circumference, and is, at its widest part, the centre, about one-fourth of the diameter of the rectal lumen in width. The valves are arranged in a spiral manner, the upper end of each being attached somewhat higher than its lower end, and the next lower valve starting below the center of the one above it. This arrangement gives a spiral channel for the descent of the feces, the rectal valves retarding the too rapid descent of the fecal current. This is the physiological function of the valves of the rectum. They are not folds of rectal mucous membrane, as some would have us believe, but typical anatomical valves.

A cross-section of a rectal valve, illustrated in the accompanying diagram shows; first, mucous membrane covering the fibrous laminae, then the heavy layer of circular muscular fibres, which is con-

tinuous with the muscular coats of the bowel.

The function of the valves of the rectum being to retard the precipitate descent of the feces in health, it will be readily seen how the enlargement and thickening of these structures would exaggerate that function and cause a partial or even a complete obstruction to ready passage of the fecal excretions through the rectum. The obstruction may be so complete as to give rise to all of the symptoms of acute intestinal obstruction. Martin, of Cleveland, reports a fatal case of obstruction, which proved,

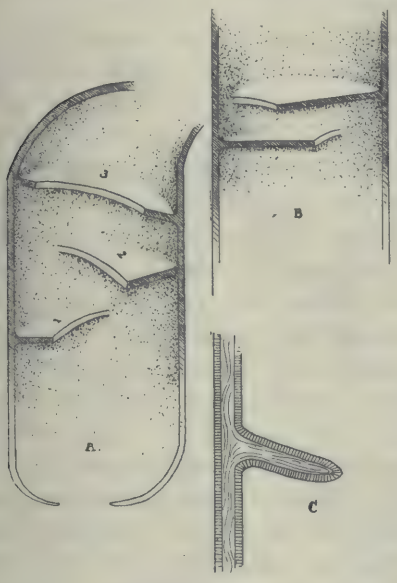

Plate 2. (semi-digrammatical.)

A—longitudinal section of rectum showing valves in situ. (normal.)
B—longitudinal section showing overlapping first and second valves.
C—cross section of a rectal valve showing muscular structure.
1—first rectal valve.
2—second rectal valve.

post-mortem to have been due to hypertrophy of the rectal valves.

To come back to the condition which most continually is the cause of obstructed defecation, the enlarged rectal valve.

If a patient comes into your office and complains of the following train of symptoms, or some of the following symptoms, you may be justified in asking that patient to submit to a rectal examination before a correct diagnosis can be reached:

First, of course, inability to defecate properly or comfortably. The patient will tell you that he has a desire to go to stool, but strain as he will, he can pass nothing, or perhaps a few small, hard, apparently broken off pieces, or a long, ribbon-shaped stool, either accompanied with mucus or not. He will also tell you that this condition has existed for a long time: that cathartics have lost their effect: that he is continually suffering from abdominal distension: that he does not get relief from the ordinary defecation: that his rectum feels hot and burning, and feels constantly overloaded and stuffed, as he expresses it. The ribbon-shaped stool I consider as almost pathognomic. The patient may go from two days to a week without stool, unless by artificial help. There may be tenderness in the lower abdominal region: the mass can often be left in the region of the sigmoid flexure. (I have had several patients, who have come to me with a diagnosis of stricture of the rectum, made by passing the rectal sound, and from the presence of ribbon-shaped stools, proper examination showed them all to be hard, fibrous, enlarged rectal valves: section of which gave complete relief).

After the relation of symptoms, such as this, rectal examination will show, in nine cases out of ten, one or more enlarged rectal valves.

The symptoms of straining with the inability to accomplish anything is explained by the fact that the enlarged rectal valves overlapping, impinge one upon another during the bearing down movement and absolutely obstruct the passage of the feces. Perhaps, if the two rectal valves do not completely appose, a narrow, elliptical opening may be left, through which the ribbon-like stool is molded. If the propulsive effort is in-

termittent we have a broken off stool. If the valve at the rectro-sigmoid flexure obstructs and fecal matter is forced through the obstruction, it may accumulate below in a lower chamber and form a large hard mass, which causes great suffering when passed.

The symptom of abdominal distension is due to the gases retained behind the fecal mass in the large intestine, which in its turn is retained behind the valves.

The general symptoms are those of intestinal auto-intoxication and the other diseases due to defective elimination.

I might say that, in my opinion, the enlargement of the valve in the first place is due to a condition of congestion, which is caused by straining to remove the stool, which is composed of improper food elements or improperly digested food elements. The constant hyperæmia is conducive to an overgrowth of tissue in the rectum, as well as in other parts of the body.

Now, what shall we do for our patients who are suffering from obstipation? Advise proper diet? Advise exercise, massage, the drinking of large quantities of water, out-door life?

Yes, these are all good suggestions to our patients; but all of these will not remove a mechanical obstruction. If the obstruction is due to enlarged prostate and the case is operable, operate. If not, our patient is indeed in a sad plight. Most of the conditions in the female pelvis are amenable to surgical relief. Tamponing in some few cases will cause the needed relief. My experience, however, with tampons has been grievously disappointing in these cases. Simple divulsion may relieve those cases caused by spasmodic contracture of the sphincters. In some cases, where the rectal valve is slightly enlarged, massage, by means of a probe covered with cotton at the tip, will, if practiced daily, bring about a gratifying result; but, in a large number of cases the enlargement has gone on so far that when the case comes to us for treatment, operative relief is the only treatment left.

The enlarged rectal valve, which is the offending member in these cases, can be safely incised through the speculum, by means of special instruments which I have devised, and which I here exhibit.

We may use general anæsthesia, local anæsthesia or operate without anæsthetics at all, for it may not be generally known that the upper rectum is not supplied with sensory nerves, and I frequently operate without an analgesic agent of any kind.

The technique of the operation is simple after one has made a study of the subject, and robbed of its details is as follows:

A V-shaped incision down to the base of the offending valve is made with the angular rectal scissors. The outer edges are then engaged between the jaws of my valvotribe and are crushed to such an extent that hemorrhage is stopped. We next proceed to the higher valves, until all the diseased ones are treated with in like manner. I used formerly to employ this hook-shaped needle, armed with a catgut ligature, with which I tied off the valves before cutting them. I devised a valvotribe to do away with the stitching, and it has been eminently successful, greatly shortening the length of the operation. The rectum is then packed with sterile gauze, through which a rubber tube for the passage of gas is inserted.

The patient is usually required to remain in bed from three days to a week. At the end of 24 hours the gauze packing, with the tube, is removed. The patient is allowed to remain on liquid diet for 48 hours longer, and is then allowed gradually to resume regular solid food.

I have found that in from one to two weeks the patient has fully recovered, a

natural bowel movement coming on unassisted within 48 hours of the operation, and the patient seldom requiring any cathartic assistance afterwards. I have had some cases in which this condition had existed for from fifteen to twenty years and natural bowel movements have been resumed immediately after the operation.

In the relief of this condition and the providing of proper drainage for the human economy, I believe that we, who have explored the heretofore unknown and seemingly unapproachable fastnesses of the human rectum, have accomplished a considerable deal towards the happy existence of the human race.

420 Woodward Avenue.

The "Sleeping Sickness." — An exchange reports that an expedition, organized by the British Foreign Office and the Royal Society has left England for South Africa, to investigate this disease and its etiology. It adds that in one district of Uganda alone (Busoga) 20,000 here alone succumbed. The JOURNAL gave a brief account of this disease on page 503 in the July number. It is certainly a curious manifestation and it will be interesting to hear the results of the expedition's findings. Sir Harry Johnson, it may be remembered, believes that the cause of the disease is a parasite in the blood which interferes with the nourishment of the brain by choking the blood vessels. The disease is said to have many features in common with the general paralysis of the insane. This fact would seem to strengthen Sir Harry's diagnosis to some extent.

A man of integrity will never listen to any reason against conscience.—Hume.

Flattery is a base coin which gains currency only from our vanity.—Rochefoucauld.

PAIN OR SENSATIONS OF PAIN IN AFFECTIONS OF THE HEART.*

BY JOHANN FLINTERMANN, M. D.,
Detroit, Mich.

It very frequently happens that patients complain of pain and different distressing sensations in the left anterior region of the chest, corresponding to the region of the heart. We are in such cases very often inclined to consider these as caused by circumscribed pleuritis sicca or rheumatic attacks; or we take them for pure functional nervous disturbances—cutaneous hyperalgia or intercostal neuralgia. Physical examination of the heart and lungs fails to discover any pronounced abnormalities; but further examination in a great many cases leads to a different view as to the nature of these sensations. The fact that in a large number of cases the patients complain of abnormal sensations in the left anterior part of the chest leads to the question, why are not pleuritis sicca, rheumatism and neuralgic affections just as often found localized on the right side of the chest, or in the posterior part? This prevalence of pain or abnormal sensation in the left anterior part of the chest leads to the logical conclusion that there must be a connection between these sensations and the heart, so as to make them in some way dependent on the heart. Patients complaining of such pain and abnormal sensation very often call on the physician because they believe themselves to be suffering from some disease of the heart. My experience, from seeing a great many cases of this nature, in which patients complained of pain and abnormal sensation in the left anterior part of the chest, has led me to look for an anatomical lesion of the heart.

We have to consider the fact that these patients are of a neurotic temperament, suffering only from abnormal sensation,

*Read before the Academy of Medicine, Detroit, Mich., September 2, 1902.

and that they localize their trouble in the region of the heart, which is absolutely normal. I shall not have to report cases of this kind, but shall limit my remarks to cases with anatomical lesions of the heart; nor shall I discuss pericarditis, concerning which sufficient reports have been made.

Painful sensations in valvular affections:

It is well known that after the introduction of percussion and auscultation, the physical symptoms of diseases of the heart received the greatest part of attention. It is to be regretted, but it must be admitted, that this one-sided attention leads one to overlook, or at least to underrate, the functional disturbances dependent on the alteration of the circulation, and that this most important factor has but recently attracted the attention of the physician. But very little has been said in modern works on diseases of the heart concerning pain and abnormal sensation in valvular affections. I do not mean the subjective dyspnœic difficulties of all kinds, from which the patient with heart-disease suffers; all these subjective sensations are duly reported. Very little or no mention has been made in regard to the different painful sensations in the different valvular diseases. Only the pronounced rheumatic attack is excepted, where the alarming character of the symptoms could scarcely escape the attention.

Report of a case of insufficiency of aorta: Male, 25 years old, with mitral insufficiency; severe pain in the region of the heart, no pericarditis, pleurisy or intercostal neuralgia; died of multiple cerebral embolism; during life, capillary pulse.

Mr. C., 61 years old, aortic insufficiency, pain in the region of the heart, and constant severe pain in the left arm. Mr. H., 55 years old, aortic sclerosis, systolic murmur in the right second intercostal space, attacks of pain commencing in the epigastric region and followed by a severe painful sensation of pressure under the sternum.

Mrs. C., 31 years old, complained of a dull pain in the cardiac region, had fever, frequent pulse, heart's dulness did not exceed to any great extent the normal area; no abnormal sounds; examination of respiratory organs did not show any abnormality; no rheumatism or neuralgia. This case developed a cerebral embolism, aphasia and right hemiplegia, the cause of which could be due only to endocarditis. The pain in the region of the heart, which was quite pronounced, was really the only symptom of disease.

Mr. J. C., 61 years old, complained of very severe pain in the left side, most pronounced in the region over the area of the heart's impulse, which was below the fifth intercostal space, but inside the left mammillary line; loud systolic murmur at the mitral valve.

Mr. L. S., 40 years old; loud systolic murmur at mitral valve; acute endocarditis; severe pain in the left side; no pleuritis or intercostal neuralgia.

Mr. S., 60 years old; arterio-sclerosis; loud systolic murmur at the mitral valve; constant severe pain in the region of the heart.

To illustrate the difficulty and uncertainty of diagnosis in myocardiac affections, I wish to report three cases which have come under my observation. From pain or painful sensation in the region of the heart alone, the diagnosis could not have been made.

Mr. John Holt, 40 years old, complained of a distressing sensation in the epigastric region. Careful physical examination failed to reveal any distinct disease of the heart. The patient died very suddenly and the post mortem showed a dilated left ventricle, the walls of the heart very thin, the muscles pale and soft. No degeneration of the blood vessels.

Mr. Jacob W., 65 years old, complained of attacks of severe pain in the epigastric region, alternating with a distressing sensation of pressure. It was not the pain of the nature observed in angina pectoris. There was no valvular affection, nor symptoms of organic disease of the heart. The patient died suddenly, while rising from a recumbent position. The post mortem showed dilatation of the left ventricle, walls of the heart very thin, the tissues very soft. A slight pressure with the finger would perforate the muscular walls.

Mr. Wetherell, 45 years old, complained of a painful distressing sensation in the epigastric region; no symptoms of organic disease of the heart. Patient died suddenly, while taking dinner in a restaurant. Post mortem showed the same condition as described in the two other cases. In all three cases, no symptom other than pain in the epigastric region was observed.

Nothnagel has collected 483 cases of valvular diseases of the heart. He found disturbance of sensation in 60 per cent. of all cases of aortic insufficiency: in 68 per cent. of all cases of aortic insufficiency, with stenosis; in 40 per cent. of all cases of stenosis ostium aortae; in 18 per cent. of the cases of insufficiency of aorta and mitral insufficiency; in 7 2-3 per cent. of his cases of mitral insufficiency; in 18 per cent. of the observed cases of stenosis ostii venosi sinistri; in 17 per cent. of the cases of mitral insufficiency with stenosis. No disturbance of sensation was observed in any case of stenosis ostii pulmonalis.

Nothnagel's collection of cases shows the great difference in the frequency of painful sensations observed in the different valvular diseases. In affections of the ostium aortae, painful sensations are more frequent than in those of the left ostium venosum. Pain was observed to be the most frequent in cases of aortic insufficiency, combined with aortic stenosis.

Observations by different authorities, of former and of recent times, have shown a similar result; this is mentioned by Bamberger at an early date and more lately by Byrom, Bramwell and Germain See. But I must call your attention to one fact, which is, that in general authorities report cases of so-called stenocardiac attacks, which are usually accompanied by pain radiating into the left arm and that this fact accounts for the statement, frequently made, that pain or painful sensations in chronic diseases rarely occur. Nothnagel's collection of 483 cases does not limit itself to stenocardiac attacks, but reports also other painful sensations, which were not properly considered heretofore.

Stenocardiac attacks figure most conspicuously because of their serious nature and the intensity of the suffering they cause. Most authorities mention their occurrence in cases of aortic diseases and Germain See ascribes their occurrence only to them. Nothnagel is inclined to side with See; he says that he observed pronounced steno-cardiac paroxysms only in cases of insufficiency and stenosis of the aortic valves.

Nothnagel reports one case which seems to be an exception to this statement.

A woman, 31 years old, who had had articular rheumatism at the age of 22, noticed, after recovery from it, severe palpitations when ascending the stairs or when walking fast. One afternoon in her twenty-ninth year she had without apparent cause a severe piercing pain in the region of her heart, radiating into her left arm and even into the fingers. After the pain had lasted a quarter of an hour, she had moderate dyspnœa, which, with the pain, lasted two or three days. During these days there was cough and the expectoration of blood mixed with mucus. Two

years later there was a similar painful attack, lasting two days, but there was no bloody expectoration. She was removed to the hospital. Examination showed a pronounced stenosis of the ostium venosum sinistrum; perisystolic frémissement at the heart's impulse; loud presystolic murmur limited to the area of the heart's impulse; very pronounced accentuation of the second pulmonal sound; the lower end of the sternum lifted by the heart's action; cardiac dulness, extending across to the right side of the sternum; aortic sounds clear, no symptom of aortic disease of the valves.

This is rather a unique case but the fact remains nevertheless, that of all valvular diseases only the aortic affections show stenocardiac attacks. In this isolated case, the attacks occurred at such long intervals and the first one was accompanied by bloody expectoration; there was no post-mortem. It is therefore not excluded that with the stenosis of the venous ostium perhaps another pathological condition existed.

Besides the stenocardiac attacks, in which we have the familiar groups of symptoms, with severe pain in the left upper extremity, we find in valvular diseases other painful sensations and to these I want to call your attention. These painful sensations are described by patients in different ways, such as "burning", "piercing", or "as if something were being torn away", always referring the pain to the region of the heart; the pain itself is more or less continuous. Sometimes severe attacks of pain are complained of, accompanied by the sudden appearance of palpitation. In both cases the pain irradiated into the left side or into the back. In other cases a sensation was experienced as if a foreign body were situated in the left thoracic wall and sometimes as if there were a sore in that region; sometimes there is a sensation of a painful tremor of the heart.

It is very remarkable that in most cases (not all) we are able to demonstrate objective disturbances of sensation of the skin and of the parts covering the cardiac region, not only in cases with pronounced stenocardiac paroxysms but also in the cases where we have only a painful sensation. You will see that lifting or pressing a piece of skin over the praecardial region is a great deal more painful on the left side than it is on the right. The same difference will be noticed when the part is pricked with a pin. Sometimes we observe both of these symptoms, sometimes only one of them. Cases are not infrequent in which we notice the difference of sensation also on the left side of the chest and on the back; this increased sensibility, extending to the spinal column, but in the majority of cases the increased sensibility is limited to the praecardial region. Strong pressure at the intercostal spaces in the cardiac region causes pain in the majority of cases, sometimes even very severe pain. The symptom of tenderness on pressure is often found in the course of intercostal nerve, especially to the left of the vertebral column.

I would state here that this hyperalgesia of the skin is also very often observed in cases of valvular diseases in which the patients never complain of spontaneous pain. I wish to emphasize the statement that in all such cases no symptoms of pericarditis are noticeable.

Painful sensation in diseases of the myocardium, not complicated by valvular affections: (The following remarks do not touch upon that type of stenocardiac attacks due to sclerosis or stenosis and obstruction of the coronary arteries.)

I have not seen many cases of myocardiac lesion unaccompanied by valvular affections—myocarditis, cardiac hypertrophy in arterio-sclerosis, or idiopathic cardiac hypertrophy. The few cases

which I have seen induce me to speak of the painful sensations in just this type of cases of cardiac affection. Examination has made me think that the pain or painful sensation pointed to the seat of the trouble and facilitated the diagnosis.

Valvular diseases can be diagnosed by physical examination without considering other symptoms. Cases of myocarditis, especially when they are of a light nature or in the incipient stages, may escape the diagnosis. Physical examination in such cases does not reveal much, and the complaints of the patient and other symptoms are often vague or do not refer to the heart at all. If in such cases the patient complains of abnormal distress or painful sensation in the cardiac region, then this fact deserves attention. I do not at all wish to be understood as saying that a diagnosis of affection of the myocardium should be made from the presence of these sensations, because they occur so seldom and are of so vague a character that they might be observed when no myocardiac lesions exist. But the fact that we know of their occurrence in myocardiac affections should put us on our guard and we should not be satisfied in such cases to make a vague diagnosis of rheumatism, intercostal neuralgia, circumscribed pleurisy or the like.

Arterio-sclerosis, with cardiac hypertrophy, shows the largest percentage of cases in which these painful affections are observed. In other myocardiac lesions, this symptom is of much more rare occurrence. The character of the pain and painful sensation, and the clinical symptoms in these cases are similar to those observed in valvular lesions. Authorities are unanimous in saying that typical stenocardiac attacks are observed only in cases of arterio-sclerosis with cardiac hypertrophy, where post-mortem proved the diagnosis or where clinical symptoms unmistakably pointed to the nature of the lesion.

It is very difficult to give a satisfactory explanation of the cause of pain or painful sensation in valvular or myocardiac lesions. The complicated nervous system of the heart and its innervation allows a great many hypotheses. Whether or not myocardiac lesions might affect the cardiac ganglions, the latter belonging to the sympathetic nerves, is not a settled question. The cutaneous hyperalgesia and neuralgia have to be considered as eccentric, irradiated symptoms, which we very often meet with in diseases of other deep-seated organs. The pain and painful sensations in valvular diseases perhaps admit of another explanation which might be mentioned. The fact that in aortic valvular lesions the pain or painful sensations are most observed, a great deal more than in other valvular lesions, forces upon us the view that the muscular substance of the heart is less responsible for them than the bloodvessel itself. This view is corroborated by the frequency of pain in cases of aneurism and in diseases of the arteries generally.

368 Woodward Avenue.

Something to Imitate.—The physicians of Chester, Pa., established a protective organization three years ago, for the collection of old bills. It is now estimated that fully 3500 people owe doctors' bills, and the same methods are about to be pursued again. Some patients owe as many as 8 different physicians. Statistically, this shows that 10% of Chester's population owe doctors' bills.—(*Philadelphia Medical Journal.*)

Avarice is always poor, but poor by its own fault.—Johnson.

Children have more need of models than of critics.—Joubert.

A CASE OF CEREBRAL SOFTENING, FOLLOWING CORTICAL ANÆMIA FROM CEREBRAL THROMBOSIS.*

BY SAMUEL BELL, M. D.,
Detroit, Michigan.

When the nervous system is disordered, there exist certain pathological conditions, associated with characteristic clinical symptoms. Many of the pathological states may be impossible to diagnose and definitely locate, until death has supervened; but a wide experience, together with judicious reasoning and observation of the prominent clinical manifestations, will greatly assist the alienist in giving a fairly accurate location and description of any existing pathological lesions.

When the specialist has obtained a mental insight into the abnormal functional and physical condition of the most important organs, by a careful sifting and arrangement of the prominent symptoms, he will be in a better and safer position as regards the rational treatment of the disorder.

Before proceeding to discuss the clinical case set forth in this paper, I wish to impress upon the general practitioner the importance and necessity of formulating, so far as possible, a correct idea of any existing morbid, anatomical changes; and though the organic brain abnormality may be found impossible to diagnose and rectify directly, a careful study and correction, so far as possible, of any existing disorders, such as sensory, motor, functional, vasomotor, trophic, etc., will usually prove an important factor in the relief and treatment of the disturbed psychical condition.

Physiology teaches us that the brain is the organ of the mind. We may also assert that insanity is the *manifestation* of some organic brain disorder, and not the *disease* itself; furthermore, that the brain disorder is very often occasioned by some defect in the anatomy and function of the kidneys, heart, or circulatory system. Thus, in the strict sense of the word, we do not *cure* insanity, but we *remove* the *cause* of the *effect*. The case herein described will illustrate the improvement in the mental state resulting from the proper treatment of any pathological conditions.

The patient I have selected for discussion is a man, aged 62, by occupation a farmer and drover. Height, 6 ft., weight, 170 lbs., education, fair. Physique, excellent, until taken sick. Knees arthritic; afflicted with rheumatism for past ten years. Temper easily aroused. Had been intemperate in use of chewing tobacco. A "rounder" among women. Evidence of syphilitic infection at some time in life. Attempted to shoot himself in head two years ago, while in a fit of melancholy.

The family history records the death of one sister in an asylum. No definite history obtainable.

The patient came under my observation four months ago, presenting a personal history indicating a gradual development of mental and physical failure, beginning two years previously. He had complained of persistent frontal headache, loss of memory, vertigo, impairment in sight, hearing and sensibility and use of left leg and arm.

The condition of the patient when first placed under treatment may be divided for discussion into the psychical and somatic, or the mental and material.

The intelligence was markedly diminished, so that he could conceive no clear idea of his surroundings. Although 100 miles from home, in a strange locality, and surrounded by places and objects unfamiliar to him in health, he usually appeared contented and fairly happy.

Fixed ideas were a prominent symptom, possessing his thoughts to the exclusion of all others, at certain times. His

*Written for the Detroit Medical Journal.

mental grasp, however, was not strong enough to retain any idea very long, one idea soon yielding to another. Some days he would discuss the buying and selling of sheep—his occupation while in active business—but for the past two months he has not mentioned sheep. At other times he would appear worried as to the health of his family, his prospects of recovery, etc. He usually expressed himself as feeling perfectly well, and anxious to return to business, continually remarking however, that his "head did not seem to feel just right."

Memory was especially impaired, though variable in power from day to day. He often could not tell his own name, nor the names of his children Three minutes after eating a meal he would forget entirely having partaken of food, and would ask the attendant when dinner would be ready.

The power of concentrating his attention was greatly lessened. Though seeming to listen to any remarks being made to him, and carefully observing the speaker, if questioned, he would expose his entire ignorance of the subject of conversation.

His emotions were easily excited and he often gave way to crying or laughing, without apparent cause.

The strength of his will was occasionally shown, when he obstinately refused medicine at times, and fought fiercely against its administration.

Impairment in judgment and reasoning powers was also marked.

He had marked hallucinations, auditory, olfactory, visual, gustatory, and tactile. He would apparently hear music or some person speaking, when all was quiet, or see a person standing before him, when there was no person nor object near. In many other ways he would be conscious of sense impressions without external stimuli.

Illusions were also a marked feature. He sometimes imagined a bed-post to be his wife, and would hug it closely. A table was conceived to be a hot stove, a horse appeared as a cow, a stranger's face and voice as those of his daughter. He had illusions of all the senses, those of sight and hearing being most frequent.

Delusions were also present, such as the belief that those about him were his enemies, and had come to kill him, or that his medicine was given for the purpose of poisoning him.

The physical examination disclosed many conditions which were undoubtedly the direct causative factors in the consideration of his mental trouble.

Evidence of central motor disturbances was shown by partial left hemiplegia, involving especially the leg and arm. There was in these limbs also a diminution in tactile, pain, and temperature sense. The facial paralysis was slight, being evidenced only by slight difficulty in elevating the eyebrows and in closing the eye, on the left side. The pupils were unequal, and reacted slowly. Ophthalmoscopic examination showed hyperemia of the disc, and sclerosis of the retinal and choroidal vessels. The hypoglossal as well as the motor oculi nerve was involved, as shown by deviation of the tongue towards the left side, when protruded.

The deep and superficial reflexes were all diminished, the patellar reflexes being absent. The foreskin showed an old scar, probably specific. Examination of the blood showed a leucocytosis, decrease in the number of red cells, and hæmoglobin 55 per cent.

The condition of his heart, circulatory system, kidneys, and alimentary canal deserves especial attention.

The apex of the heart was displaced towards the left, the left ventricle being hypertrophied, and the aortic second sound accentuated. The heart muscle was giving way under the increased strain and pressure thrown upon it.

The circulatory system presents the important factor in the causation of the cerebral disease. The vessels were markedly atheromatous, and thickening of the vessel coat was very palpable. Arterial tension was greatly increased. Syphilis was undoubtedly the productive agent of the arterio-sclerosis.

Chronic parenchymatous nephritis is another of the important pathological conditions which were present. The urine was decreased, with low specific gravity. Color was turbid. Albumen abundant. Tube and fatty casts of various shapes.

Dropsy was marked and quite persistent. The patient presented the symptoms of uræmic coma when first observed. The face was pale and eyelids puffy. The anasarca was quite general, and all the indications pointed to the presence of a large, white kidney.

Constipation was present, together with gastric fermentation, and amylaceous dyspepsia.

The skin was eczematous in patches. There was also a wasting away of the subcutaneous tissue and muscular system.

In discussing the ætiology of cerebral softening, we may consider cerebral arterial thrombosis along with it, since thrombosis is one of the direct causes of the softening, through impairment to the nutrition of the brain substance. Defects of nutrition and excretion may be regarded as contributive factors. Among other causes, are mental strain, business worry, unhygienic influences, excesses of all kinds, alcohol, tobacco, sexual, rheumatism, etc. It is more common among males, and in persons of advanced years. The important causative agent in the case just described is the general, atheromatous degeneration of the arterial system, and especially of the cerebral vessels. The lumen becomes narrowed, the supply of nutrient fluid for the brain-cells becomes insufficient, and finally nutrition becomes entirely cut off, from resulting thrombosis.

Our knowledge of the pathology of cerebral softening is fairly definite, and we are able to locate the centre of degeneration with fair accuracy by a careful consideration of the clinical phenomena. The partial and transient hemiplegia of the left side, and the absence of aphasia, would point to a disturbance in nutrition of the sensorio-motor centre in the right ascending frontal lobe, caused by thrombosis occurring in the ascending frontal branch of the right middle cerebral artery. Thus the arterio-sclerotic condition of the arterial system was the causative agent in the production of thrombosis, which in turn produced cortical anæmia. Cortical softening was beginning in the cortex about the motor centre, since compensation from collateral circulation was not sufficient to maintain the normal vitality of the nerve cells, owing to the cardiac and circulatory disturbance.

The prognosis of cerebral softening is bad, as a general rule. However, if the centre of softening be small, and does not involve important regions, some encouragement may be given that the patient will live for several years, under proper treatment. In the case cited above, although the area of softening seemed small in extent, the impossibility of entirely overcoming the arterio-sclerotic condition of the cerebral vessels especially increases the liability of future thrombosis areas. In addition, there might be marked softening of the so-called "silent" areas, without any clinical manifestations or disturbances.

The treatment of this case divides itself into medicinal, electrical and hygienic. Heart stimulants and arterial depressants are indicated. A combination of digitalis with nitroglycerin proved very beneficial in relieving the strain on the heart and arterial system, and in promoting collateral circulation. Strychnia and phos-

phoric acid were administered, together with arsenic, for their general tonic action in relieving the feebleness of both mind and body. Iron proved useful in combating the anæmic condition. Diuretics, such as potassium acetate, caffein, strophanthus, etc., were employed to aid elimination and to prevent uræmic coma. Bitter tonics assisted the digestion, and constipation was relieved by calomel and sodium phosphate. When hypnotics were necessary, sodium bromide, hyoscin and solid extract of Indian cannabis proved efficacious. Mercury and potassium iodide were administered for their eliminative action on any remaining syphilitic poison.

The hygienic treatment consisted in the application of hot and cold baths, followed by massage, the improvement in the muscular tone and vasomotor condition becoming marked. Nutritious and easily digested food, together with fresh air and sufficient outdoor exercise produced a marked beneficial action. The application of the galvanic current to the head and spine, and the faradic to weakened muscles, produced a great improvement in the neuro-muscular system.

At this writing, four months after treatment was begun, the patient shows marked improvement, both mentally and physically. The percentage of hæmoglobin has been increased to 75, with increase in red cells nearly up to the normal. The cardiac strain is diminished, arterial tension has been relieved so far as is safe, thus permitting increased nutrition to all cells. Digestion is improved, and proper attention to the kidneys and general elimination has obviated the danger of toxic action on nerve elements from reabsorption. The resulting benefit on the psychical condition is manifested by decrease in amnesia, greater coordination of thoughts and speech, and decrease in hallucinations and delusions. The improvement is also marked in the olfactory, auditory, and visual senses. The left partial hemiplegia is gradually disappearing, which goes to indicate that the softening, though present to a greater or less extent on the cortex, has not involved the motor-centre to the extent of sclerosis. The next few months can alone decide whether the arterio-sclerosis is sufficiently within control, and cortical nutrition enough improved, to prevent further thrombosis and cortical anemia. In any event, it is best to make a guarded prognosis.

65 Washington Avenue.

Parisian General Hospitals.—The following are the eight largest hospitals of Paris: Hôpital de la Pitié, 709 beds; Hôpital Lariboisière, 690 beds; Hôpital St. Antoine, 689 beds; Hôpital Tenon, 635 beds; Hôpital Laennec, 608 beds; Hôpital de la Charité, 516 beds; Hôpital Beaujon, 422 beds, and Hôpital Necker, 418 beds. The other 12 of the 20 hospitals under Government control are devoted exclusively to diseases of the eye and ear, infectious diseases, pulmonary diseases, diseases of children, and diseases of the nervous system and the insane. The best known among the latter is the Hôpital de la Salpetrière, which contains 3,800 beds. All of these hospitals together can accommodate over 12,000 patients.—(*Medical Review of Reviews.*)

Deer Shooting.—The prospects for deer shooting in Northern Wisconsin and the upper peninsula of Michigan the coming season are exceptionally good, and fine sport is assured. Reduced rates will be made for excursion tickets from Chicago and Milwaukee to points on and via the Chicago, Milwaukee & St. Paul Ry. A synopsis of the game laws now in effect may be obtained on application to Robt. C. Jones, Michigan Passenger Agent, Detroit, Mich.

A FATAL CASE OF MERCURIAL POISONING.*

BY JOHN F. BENNETT, M. D.,
Detroit, Mich.

At 1:00 on the morning of October 14th, 1901, I was hastily summoned to see Baby S., a seven months old infant, with the explanation from the grandfather, that the mother had applied mercurial ointment to her breasts and that he feared the baby had been poisoned. When I reached the child it was crying violently and appeared to be suffering from cramps. According to a fixed rule of mine, whenever there is the least suspicion of a poison having been taken, I administer an emetic, which I did in this case in the form of one grain of terpath mineral; it produced emesis in ten or fifteen minutes. I then gave fifteen drops of paregoric in a little sweetened water, and followed this a half hour later with ten drops more, after which the child became quiet and went to sleep. I then left the house, giving directions to administer ten drops of paregoric every half hour, providing the child awakened and became restless. Between four and five o'clock a. m. I was again summoned, but when I arrived, found that the baby had just died. The rapidly fatal termination of the case made me extremely anxious and cautious to obtain all the information possible concerning it. At my first visit, I was simply told that a small quantity of the mercurial ointment had been applied to the mother's breasts but had been removed by washing before the infant had been nursed. I therefore gave it as my opinion that the child had not been poisoned, but was suffering from indigestion or infantile colic. I was certain that emptying the stomach was the best thing I could do, providing it was a case of overloaded stomach producing indigestion, as it would also remove any poison which might be present in the stomach. Upon close inquiry, after the death of the child, I ascertained the following facts:

The husband became infected with crab-lice, the mother contracted the same and the husband procured a one ounce box of double strength mercurial ointment and applied it freely to his own pubes and arm pits; his wife did likewise. The mercury had absolutely no effect upon the father, who was a strong, healthy, robust man; but the mother being small, slightly built, with light hair and thin skin, was readily susceptible to the action of the mercury. This application was made at 10:00 a. m. on the 13th, or but fifteen hours previous to the appearance of the toxic symptoms in the child. I mention this to show the rapidity with which the mercury entered the circulation and was secreted with the breast milk. I am certain that the mercury entered the system of the child from this source, rather than from the mercury that had been left upon the surface of the skin. I learned after my first visit, that the child awakened from its sleep soon after I had left the house. It began to scream with pain and at the same time there was a violent tenesmus and purging which kept up almost constantly until death ensued. This seems to me to be conclusive evidence that the case was one of mercurial poisoning. Up to this time the mother had shown no symptoms of the poison, but the child had been dead scarcely an hour when the mother was attacked by violent tenesmus and purging which exceeded anything I had previously seen. At times she remained as long as three or four hours upon a slop-jar without being able to resume the recumbent position. Quarter-grain doses of morphine, hypodermically, were the only thing that seemed to give any relief. These had to be administered every three or four hours. In addition, I prescribed 10 grains of pot. chlorate as an antidote to the mer-

*Reported to the Wayne County Medical Society, April 17, 1902.

curial poison. At first very little of this drug was retained, on account of the vomiting. Upon the second day of the symptoms became so grave that Dr. Charles Douglas was called in consultation. I gave the doctor a brief history of the case, before he visited the patient, but he seemed somewhat skeptical about mercury acting with the rapidity which I had described; upon examining the patient's mouth, however, and seeing pus exude from the entire margin of the gums, the teeth somewhat loosened, he at once confirmed my diagnosis.

Suffice it to say that this condition lasted four or five days, when the toxic symptoms began to subside and the mother made a speedy recovery. The remarkable features of this case, in my estimation, are the small amount of surface to which the mercury was applied, the rapidity of its entering the circulation and the milk secretion and the speedy death of the child.

1993 Jefferson Avenue.

"Sic Transit."—A few years ago our gilded youth were bearded like the pard, or as nearly so as nature permitted: now what Parolles calls "valour's excrement" is practically a forbidden thing to "smart" young men, even as a decent covering for a feeble chin. Hygiene is equally ruthless. A German surgeon some time ago vehemently denounced the beard as a fertile source of infection during operations. Quite recently it has been stated, with what authority we are unable to say, that the German Emperor has decreed that those among his lieges who practice medicine or surgery shall cut off their beards. So sweeping an order sounds rather improbable even as coming from a potentate whose motto is *Summa lex regis voluntas*. But the German Emperor, like the prophet Habakkuk, is capable of anything when he is bitten by an idea. And such an order would be in accord with the teachings of hygienic science, for your Teutonic professor is often like Bottom in his "translated" condition—marvelously hairy about the face. In another hemisphere it is announced that the Milk Commission of New York has ordered that hereafter smoothfaced men only shall be employed for milking cows and delivering milk to the various dépôts throughout the state. The reason given is that the dust from the stable is liable to infect the beard, which will collect and hold microbes that may readily impregnate the milk. Unless the beard can retrieve its sanitary character, we fear it is destined to become as rare as an appendix already is within the sphere of influence of certain transatlantic surgeons.—(*British Medical Journal.*)

A Good Hint.—Donovan in the *Medical Brief*, says: "In pulmonary edema, a one-fiftieth of a grain of strychnine, and a one-hundredth of a grain of atropine injected beneath the skin below the clavicle, repeated according to indications, will relieve and save many cases."

Normal Heart Sounds.—

The apex of the heart pulsates
Where fifth rib-space is wide,
Two inches 'neath the sternum
One inch to sternal side.

Hark to the sound aortic
On right at second space.
Hark for the pulmonary sound
Across at leftward space.

Hark to the mitral speaking
At apex; then, for sound
Tricuspid seek midsternum
Above the xiphoid's bound.

C. E. BOYNTON, M. D.
Los Banos, Cal.

Shocking!—

There was a young indigent Dr.
Called in by a woman named Prr
With a batt'ry he shr,
Quite senseless he knr,
Ten plunks was the sum that he sr.
—(*John Hancock Satchel.*)

DETROIT MEDICAL JOURNAL

A CONCISE MONTHLY
EPITOME OF PRACTICE AND THERAPEUTICS.

WALTER C. BOYNTON, Manager.

—ISSUED BY—

THE DETROIT MEDICAL JOURNAL CO.,

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DETROIT, MICH., NOVEMBER, 1902.

THE LORENZ INCIDENT.

There has been considerable comment, both professional and lay, on the conduct of the Illinois board of health in obliging Dr. Adolph Lorenz, of Vienna, to submit to an examination before the board, after performing an operation on the daughter of J. Ogden Armour for the reduction of a congenital dislocation of the hip. This was the primary purpose of Dr. Lorenz's visit to Chicago, though he afterwards announced his intention of remaining in Chicago for a week or two to perform similar operations on children of the Chicago poor, in clinic. There appears to have been considerable misunderstanding in regard to the action of the board.

From an entirely reliable source it is learned that the board took no active part in requiring Dr. Lorenz to comply with the law passed by the Illinois legislature. The attention of the visiting surgeon was called to the existence of the law by one of his Chicago friends, and he at once presented himself before the board for examination, expressing his entire willingness to comply with the law as it existed. He was asked whether or not he intended to enter into general practice and how long he purposed remaining in Chicago. Dr. Lorenz made no claims to immunity, but cheerfully complied with the letter of the law, taking the examination and receiving the certificate which admitted him to practice. He felt so little annoyed by the action of the board that he even thanked its members for their courtesy, expressing his thanks for the kindnesses they were able to show him under the law.

The entire attitude of the Vienna surgeon was admirable. He complied with the law of the state to which he came, after he had done the work he had come to do, and afterwards conducted a clinic of nine similar operations, in the presence of several hundred physicians, who were thus enabled to closely observe the technique of the Lorenz operation. The best of feeling appears to have prevailed on both sides; Dr. Lorenz acted like a resident of Vienna, where obedience to the laws is so neccessary for the enjoyment of a quiet life or professional activity, and the Illinois board lived up to what its duty was, under the circumstances.

It would have been an easy matter for Dr. Lorenz to have evaded the examination. He could have set forth the claim that he was called merely in consultation on the Armour case, when the board would not have interfered, but he did not see fit to take this action. The law is framed and enforced for the benefit of the medical profession, and the Austrian authorities, according to Dr. Lorenz's own statement, would have dealt with an American physician much more stringently than the Illinois board did with him. Austria does not recognize eminence in Illinois as a reason for permitting a physician of that state to practice in Austria, for ever so brief a period, without a literal compliance with Austrian law.

The common council, at the next meeting of that body after Dr. Lorenz's visit to Chicago, passed resolutions of thanks to him for the service he had rendered to the medical profession and to the citizens of Chicago by his work among the poor of the city.

A CANADIAN VIEW OF IMMIGRATION.

For some time past the Canadian officials in charge of the bureau of immigration have realized that a very large number of undesirable immigrants, some of whom had already been refused admission into the United States, were drifting into Canadian territory. This condition may in a brief time produce intolerable conditions in some of the Canadian cities, and a step in the right direction was taken when the Canadian authorities undertook to prevent the reception of immigrants suffering from contagious diseases, or those whose mental or bodily condition would render them incapable of taking care of themselves, to become objects of charity in the land of their adoption. It is distinctly unfair to Canada that her authorities permit the landing of undesirable additions to the inhabitants, when sensible legislation would in a large measure check, if it did not prevent the practice. It is interesting to learn that steps are even now being taken to secure the deportation of immigrants examined and rejected by the United States authorities, who afterwards entered Canadian territory. We can only hope that this matter will be pushed to a conclusion and that Canada will take legal steps to rid herself of her uninvited and undesirable guests.

Canada suffers unduly in this regard, partially on account of her geographical position with relation to the United States. Immigrants who are headed for America pass through Canada in large numbers and when they are turned back at the American border they willingly sink down on Canadian soil, to become dwellers in the Dominion. Immigrants suffering from contagious diseases, or those who, from some bodily or mental condition are not fitted for self-support, should be turned back at once. In this country we have had many and unpleasant experiences with the immigrants who came to the shores of America penniless, sick with a loathsome disease, perhaps filled with false and dangerous notions of a political nature, but in a general way welcomed into this country and permitted to remain a charge on the state or a care to relatives and friends already established here. Now that is changed. The immigration laws are strict of necessity and they are lived up to by the officials as completely as the conditions will permit. Indeed, it seems that sometimes they are more closely followed than the spirit of the law requires or expects, as two Syrian cases recently have shown—when two innocent natives of that country were locked in jail for days on the suspicion of being affiicted with a contagious disease which was afterwards shown not to be present in either. But laws that are protective must be strict; otherwise they fail utterly.

A full 2 per cent. of the immigrants examined at Castle Garden are unfit for entry into the United States as citizens and it is reasonable to suppose that Canada has the same general per cent. in her cases, since she draws her immigrants from the same localities that furnish new material for the American factories. She should take prompt and vigorous action against having her fair shores made the dumping-ground of the older nations. There were nearly 25,000 immigrants settling in Canada last year, and out of this it is reasonable to suppose that at least 400 were unfitted for emigration in the beginning. Then the United States must have furnished a comfortable addition to this number, out of its rejected candidates for admission into America.

Let Canada look promptly into this matter. It is one that touches her everywhere, from the individual to the great nation itself. There must be some intelligent restriction on the character of the immigrant who selects Canada as the place in which he will live without using his own efforts.

MEDICAL PATERNALISM.

Owing to the prevalence and the danger of tuberculosis in the United States, unusual interest attaches to the proposition recently made by Dr. G. A. Aschman, of Wheeling, W. Va., before the medical society of that state, to the effect that the physicians should band together in an effort to secure legislation looking forward to the establishment of a state sanitarium for consumptives. The proposition was submitted to a committee, the members of which referred it to the society's committee on legislation, with a strong recommendation that the members of the latter committee should use every effort to secure the establishment of a state sanitarium for the care of tuberculosis patients. The society itself unanimously adopted the recommendation, and considerable interest has been shown in a plan to mass the efforts of the profession in West Virginia with a view to seeing Dr. Ascher's suggestion carried out.

There is considerable food for thought in the suggestion of the West Virginian. It is recognized that the care of consumptives in a general hospital is a difficult matter, owing to lack of proper equipment and the means for successfully segregating the consumptives from other patients under the same roof. Public hospitals would need endowments much more generous in size than those which most of them now enjoy in order to adequately care for the sufferers from lung-diseases placed under their charge. The next step in the establishment of such a hospital by the state would be to have the legislature draw up a law providing for the commitment under proper circumstances of a person suffering from contagious lung trouble. Norway already follows this plan, and with success. There is no option with the patient in Norway. If he has consumption, he goes to the hospital, willy-nilly, and there he stays until he is cured or until he dies. It is an open question just how far the Americans would go in bowing to legislation of this nature, and it is to be feared that protests loud and long would rise on all sides. If sanitariums are to be established, it must be done by the efforts of the medical profession and here is a chance for the doctors to do a little more missionary work. There seems to be little question of the desirability of securing proper treatment, with isolation, for consumptives; but the question of expediency promptly arises and with it a call for the consideration of a vast mass of detail.

We shall note with interest any action the legislature of West Virginia may take along this line, and we trust that if the sanitarium should be built in that state the southern example will be generally followed.

EDITORIAL NOTES

The committee on the Senn Medal beg to call attention to the following conditions governing the competition for this medal for 1903:

1. A gold medal of suitable design is to be conferred on the member of the American Medical Association who shall present the best essay on some surgical subject.

2. This medal will be known as the Nicholas Senn Prize Medal.

3. The reward will be made under the following conditions: (a) The name of the author of each competing essay shall be enclosed in a sealed envelope bearing a suitable motto or device, the essay itself bearing the same motto or device. The title of the successful essay and the motto or device is to be read at the meeting at which the award is made, and the corresponding envelope to be then and

there opened and the name of the successful author announced. (b) All successful essays become the property of the Association. (c) The medal shall be conferred and honorable mention made of the two other essays considered worthy of this distinction, at a general meeting of the Association. (d) The competition is to be confined to those who at the time of entering the competition, as well as at the time of conferring the medal, shall be members of the American Medical Association. (e) The competition for the medal will be closed three months before the next annual meeting of the American Medical Association, and no essays will be received after March 1, 1903.

Communications may be addressed to any member of the committee, which consists of the following: Dr. James H. Dunn, chairman, Minneapolis; Dr. M. L. Harris, 100 State street, Chicago; Dr. Floyd W. McRae, Atlanta, Ga.

A carefully compiled report, from statistics gathered by the *Canadian Magazine of Medicine and Surgery* on the ratio of physicians to population in Canada is published in the current number of that magazine. It states that the whole number of doctors practicing in the different provinces and the Northwest territories is 1,417. This gives 1.009 physicians to every 1,000 of population. Further statistics show 1.349 per 1,000 in Manitoba; 1.207 in British Columbia; 1.14 in Ontario; 1.041 in Nova Scotia; .943 in the Northwest territories; .854 in Quebec; .807 in Prince Edward Island; and .733 in New Brunswick. Among the cities, Toronto has 2.006 per 1,000 and Montreal 1.075 per 1,000.

These figures show that there is a larger proportion of physicians in Canada than there is in any country in Europe, taking Prinsing's following figures, published in the *Centralblatt für All. Gesundheitspflege*, t. xxi., 1902, fasc. 5-6, page 218: Germany, .51; Austria, .41; Hungary, .28; Italy, .63; Switzerland, .61; France, .39; Spain, .71; Belgium, 52; England, .61; Ireland, .56; Scotland, .77; Denmark, .64; Norway, .53; Sweeden, .27; Russia in Europe, .27. (These figures are based on the number of physicians per 1,000.) The only European city that surpasses Toronto in the number of its doctors to a thousand of population is Madrid, one of the most unhealthy cities on the Continent from a physician's point of view.

Dr. Beverley D. Harison, of Sault Ste. Marie, secretary of the Michigan State Board of Registration in Medicine, has furnished us with the following table, showing the results of the examination held in June last:

QUALIFICATION.	No. Marks	Per cent.
Denver University, Denver, Colo.,	1662	87.47
Cincinnati College of Medicine, Cincinnati, Ohio	1407	74.52
Independent Medical College, Chicago, Ill	1269	66.78
Memphis Hospital Medical College, Tenn	1110	58.42
Trinity University Medical College, Toronto	1625	85.52
Trinity University Medical College, Toronto	1622	85.31
Wisconsin College of P. & S., Milwaukee	1512	79.57
Queen's University, Kingston	1700	89.47
Trinity Medical College, Toronto	1543	81.21
Trinity Medical College, Toronto	1467	77.21
Trinity Medical College, Toronto	1430	75.26
Krisbiania University, Norway	1526	80.31
Cincinnati College of Medicine	1382	72.73
Iowa College of P. S	763	40.53
Queen's University Med. Dept	1484	78.10
Trinity University, Toronto	1511	79.52
Jenner Medical College, Chicago	1179	62.05
Ohio Medical College, Cinn	1143	60.15
Toledo Medical College, Toledo, Ohio	1323	69.63
(Undergraduates.)		
2½ courses of 8 months each at Grand Rapids Med. College	1382	73.26
4 courses of 8 months at Detroit Med. College	1324	69.68
3 courses of 9 months at Univ. of Michigan	1578	83.05

Required to pass—1425 marks, or 75 per cent.

We cannot control the evil tongues of others, but a good life enables us to despise them.—Cato.

Press dispatches report that much regret was expressed in Berlin at the surprising lack of attendance of American physicians at the tuberculosis convention held in the German city the last of October. The only American who attended the congress was Dr. William Enger, of the United States Marine Hospital service, whose station is at present in Naples. The concensus of opinion on the part of delegates from other countries appears to be that the chief result of this year's congress has been to show the progress made by German sanitoria and by German inventors of scientific appliances. This, if true, may account for the slim American attendance.

On the evening of October 16 last, the association of hospital superintendents, in session at Philadelphia, Pennsylvania, elected the following officers: President, Dr. John Fehrenbach, of Cincinnati, Ohio; Vice-President, Dr. Charles O'Reilly, of Toronto, Ontario; Secretary, Daniel W. Test, of Philadelphia, Pennsylvania; Treasurer, A. W. Shaw, of Detroit, Michigan.

At the annual meeting of the Detroit Academy of Medicine, held on the evening of October 14, the following officers were elected: President, Dr. Robert W. Gillman; Vice-President, Dr. A. N. Collins; Secretary-Treasurer, Dr. Harrison D. Jenks; Director, Dr. Leartus Connor. The meeting was held at the residence of the retiring president, Dr. Arthur D. Holmes.

A meeting at Carsonville, Michigan, on October 17 last, resulted in the formation of the Sanilac County Medical Association, with the following officers: President, Dr. H. W. Smith, of Carsonville; Vice-President, Dr. Thomas S. Kingston, of Croswell; Secretary-Treasurer, Dr. George S. Tweedie, of Sanilac Center.

A report of the work of the Chicago Pasteur Institute, recently published, shows that a grand total of 1,538 cases have been treated in the institution since its inauguration in July, 1890. Seven deaths are reported, which would fix the mortality at 0.45 per cent.—a very creditable showing.

In Memoriam.—The following Latin tribute to Virchow was published in the *Muenchener Medicinische Wochenschrift*:

Summo cum ingenio
Morbos illustravit;
Explorando mortues
Vivos adjuvavit.

Vitae persecutus est
Intima arcana
Et ubique somnia
Dissipavit vana.

"Omni", dixit, "cellula
E cellula exorta;
Tum doctrinum lucidae
Patefacta porta."

Quae reliquit opera
Perdiu vigebunt—
Magna haec vestigia
Non evanescebunt.

Lakeland Hospital Report.—The first biennial report of the Lakeland Private Hospital at Grosse Pointe has just been issued. Dr. Samuel Bell, who was formerly superintendent of the Upper Peninsula Hospital for the Insane, the superintendent of the institution, reports the following forms of disease under treatment: Melancholia, mania, paranoia, puerperal mania, epilepsy, incipient paresis, post-febrile melancholia and morphomania. Dr. Bell attributes the large percentage of cures—50 per cent.—to the system of individualization and special attention which he has inaugurated. He has demonstrated the fact that many cases of temporary mental aberration recover promptly under proper treatment.

New Instruments & Devices

Mention of new instruments and devices in this department is entirely complimentary and articles illustrated are judged on their merits.

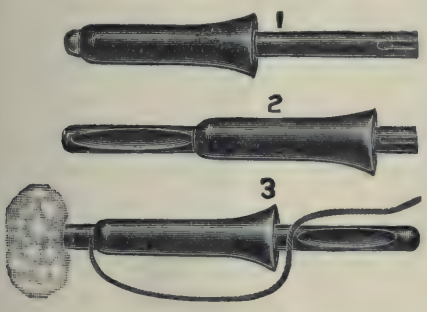
We invite manufacturers and physicians to send us matter suitable for publication under this head. A description of the device and an electrotype or half-tone with a base not greater than two and five-eighths inches should be sent.

Always mention the price of the article in question.

The management cannot undertake to return cuts unless postage for same accompanies the letter with which they are sent.

APPLICATOR FOR RECTAL WORK AND DISEASES OF WOMEN.

This device, designed by a Michigan physician, has been used successfully by him for a number of years, but has been placed on the market within comparatively recent times. Fig. 1 shows the applicator ready to pass into the rectum or the



vagina; Fig. 2 illustrates the chamber for holding ointment or fluid and Fig. 3 shows tampon of cotton, medicated with powder, liquid or ointment. The tampon is first placed in the tube, which is then inserted into the vagina; the tube presses the tampon into the desired position in the os, when the tube is withdrawn far enough to liberate the cord attached to the tampon. The whole instrument is then withdrawn, leaving the tampon in situ.

The device may fairly be considered an efficient aid in the treatment of diseases of the rectum or for diseases of women. Its price is placed sufficiently low by the inventor to admit its being in every practitioner's bag.

JACKSON SEIZING FORCEPS.

This is a handy instrument for taking hold of incompletely detached masses which have been partially severed with the turbinotome. After the part has been caught with the teeth of the forceps and the handles of the latter locked together, the loop of a snare may be readily threaded over the forceps and pushed back to the point at which complete severance is desired. Traction on the forceps is employed to aid the separation. This instrument is also found to be useful in engaging polypi and other growths in the loop of a snare.

It is carefully designed for the purposes to which it is intended to be put, and retails for the sum of $3.50.

TERRY ELECTRIC HEATER.

The therapeutic value of superheated dry air is so clearly established that the chief interest in connection with a discussion of the topic must be a description of late and improved methods of applying

the treatment. The device illustrated herewith shows an electric heater which is adaptable for use on all parts of the body—something that could not be said for the older forms of heater used, when it was necessary to enclose the parts to be treated in a sleeve or bag of some kind.

This form utilizes electricity as the agent for supplying heat, and the hot dry air, which passes through an air-tight chamber, is delivered onto the affected part from a tube, much in the same way that water is delivered from a hose. The nozzle can be turned in any direction, even downward, and a constant supply of heated air is assured. The force with which the hot air is delivered aids its penetrating power, and owing to the fact that the application can be concentrated, there is little waste of heat used.

The electric heater is the best and most convenient made by the manufacturers, who also make gas and alcohol heaters of the same type. The heater is operated by the 110-Volt direct or alternating current and furnishes abundant heat in a short time. It is light and easily portable, so thoroughly insulated as to be handled with ease and so strongly made that it should last for years. It costs $25.00.

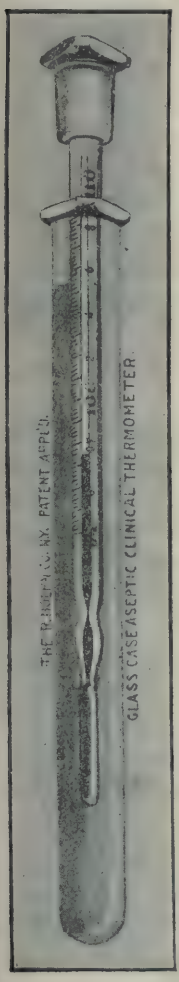
JACKSON TURBINOTOME.

This instrument for operation on the turbinate bodies was designed by Dr. Chevalier Jackson, of Pittsburg, in default of a pair of bone-clipping scissors which were satisfactory to him. The turbinotomes are made right and left, in order that the under blade may be outermost to admit of its passing under the overhanging edge of the turbinated body. The blades are sufficiently narrow to admit of introduction in 90 per cent. of cases, while the broad bearing-surface at the lock gives the blades enough rigidity to shear through both hard and soft tissues in a straight line, clipping the bone without trouble. The lock and the heavy portions of the instruments, owing to its peculiar construction, are kept outside the nose and below the operator's line of sight.

In some cases the doctor reports that the saw had to be used to make room for the blade of the turbinotome, but where the instrument was used alone, he reports that the complete operation itself took less than a minute. The instruments are well made and cost $5.50 each.

ASEPTIC GLASS CASE CLINICAL THERMOMETER.

Numerous devices are already on the market for furnishing the physician with a clinical thermometer which shall be aseptic at the time it is used. Our illustration shows the latest, and in many respects the best form of this device. It consists of a haevy glass tube, which can be filled with some antiseptic solution in which the stock of the thermometer itself is immersed. A particularly commendable feature of this form of thermometer case is the manner in which an hermetic joint is secured, insuring against leakage and evaporation. The head of the thermometer has ground-glass sides, and the inside of the rim of the container is also ground. This provides for an absolutely tight joint and still presents no difficulty in placing the thermometer in the case, or in with drawing it when it is needed. Like many other good things, it is very simple, but effectual.

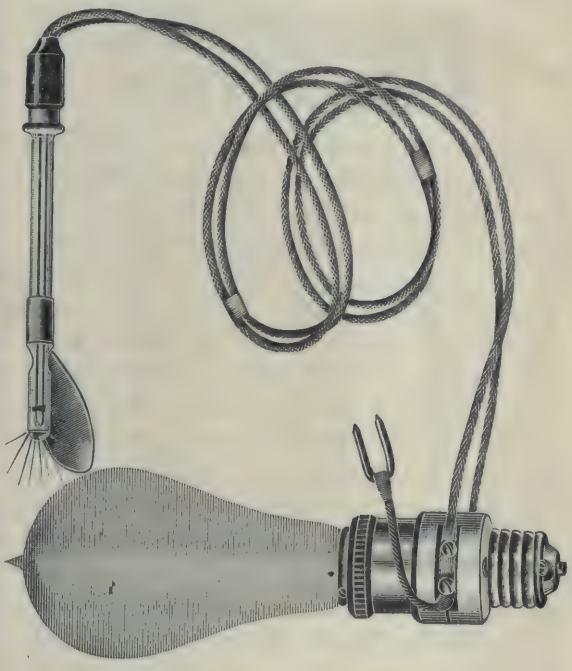


The thermometer itself is carefully made, and with each there comes a card, showing that it has been compared with the Yale standard, and noting the correction, if any. The half-minute thermometer and case costs $1.50.

The more one speaks of himself, the less he likes to hear another talked of.—Lavater.

JAEGER ASEPTIC MOUTH LAMP.

This aid to the surgeon embodies all the features of the true aseptic lamp. It is made entirely of glass and can be sterilized without injury. It has a three candle-power lamp, light from which is turned on or off by a twist of the handle. The



lamp is arranged for operating on any regular street circuit, either alternating or direct, the manufacturers furnishing attachments for the Edison, Westinghouse or Thompson-Houston receptacles. This insures a steady light at all times. For a current from 100 to 120 Volts is used a 16 C. P. standard lamp of 3½ Watts efficiency, and for the 50 to 60 Volt alternating current an 8 C. P. lamp is supplied. The small illuminating lamp with the outfit is blown with a heavy magnifying lens, the whole being made of heavy crystal glass. An adjustable mirror forms part of the outfit for diagnostic work, and it is easily placed in any desired position, a sleeve holding it firmly to the shank of the lamp shaft.

By means of the cut-out illustrated in the cut, the light from the street circuit

lamp may be utilized, by simply pushing the fork over the unoccupied screw head. This cuts out the light of the diagnostic lamp. The outfit, ready for attachment to the socket, retails for $5.00. This does not include the electric light bulb.

THERAPEUTIC BREVITIES

Strong Carbolic in Fixation of Movable Kidney. — Dr. Cowardine, in the *Lancet*, suggests a novel means for securing fixation of a movable kidney. The plan consists in freely painting the whole surface of the kidney, except the hilum, with the strongest liquid carbolic acid, so that the surface becomes covered with granulation tissue within a few days. The painting is best done after the supporting sutures, etc., have been inserted, but before they are tied, by means of a swab containing the liquid not in excess. In four of the cases—those in which the kidneys were suspended by gauze slings and packings—the author was able to watch the surface of the kidney for from ten days to three weeks, and observed the granulations and lymph rapidly formed, followed by intimate and firm incorporation of the kidney with the surrounding tissues. The acid seems to prevent, in addition, subsequent pyrexia and has no disadvantages. Six cases with good results are reported.

Second-Year Feeding.—Dr. T. J. Biggs makes the following suggestions and report: In the course of the second year there comes a time when the milk diet begins to be insufficient for the growing child, and Nature calls for a change, while yet the system is in many cases unprepared for solid food. This kind of deadlock results in diarrhœa or constipation, anæmia, restlessness, fretfulness, etc. In such cases the fit and radical remedy will be found in the administration of say ten drops of bovinine in a little milk, at intervals of three hours. Little Robert Valverdie, a patient who came under my care in the condition of malnutrition above described (after trying all the usual medical helps with no benefit), was immediately restored by the direct blood treatment. On the second day of taking bovinine, the constipation and other trouble began to be relieved, and on the third day all signs of ill health had disappeared as if by magic. This simple treatment was continued for three weeks, the child thriving beautifully.

Gall-Bladder Removed Through Lumbar Incision.—At the last meeting of the American Association of Obstetricians and Gynecologists, held at Washington, D. C., September 16-18, 1902, Dr. W. P. Manton, of Detroit, reported a case of removal of the gall-bladder through the lumbar incision. The patient, aet. 38, 5 children and 2 abortions, had never been robust, but was able to attend to her domestic duties. She had suffered from a number of gastric attacks, but there had been an entire absence of symptoms pointing to disease of the biliary tract. Examination showed the left kidney to be loose, while the right kidney appeared to be double its normal size, displaced downward and inward, and with certain projections, which led to the diagnosis of nephroptosis with probably cystic metamorphosis of the renal substance. At the operation through the nephropexy incision, the fatty capsule of the kidney was found to be embedded in a mass of adhesions, a condition which gave rise to the appearance of enlargement. The kidney, which was normal in size and structure, was delivered onto the back and placed astride the wound. Below the kidney pouch a distended gall-bladder, containing fluid and 19 gall-stones

the size of hazelnuts, was found, surrounded by adhesions. This was enucleated, tied off at the cystic duct, and removed. The fluid contents of the sac contained a bacillus having the morphology and staining qualities of the colon bacillus, and a long large rod which stained violet by Gram's method; but no staphylococci or streptococci were found. The kidney capsule was split and peeled off to the lateral line, fixation sutures introduced, and the organ returned to its place. A strip of gauze for drainage was carried from the upper angle of the external wound to the stump of the cystic duct. The patient made a good recovery. It is impossible to state whether the condition was a congenital anomaly or the result of the walling-off of the gall-bladder by adhesions. The operation was entirely extra-peritoneal. This is the first recorded instance of extirpation of the gall-bladder through the lumbar incision. Dr. Manton believes that on account of the anatomical position of the gall-bladder, in uncomplicated disorders of the biliary tract, the anterior abdominal incision is the one of choice, but that when nephroptosis or morbid condition of the kidney exists demanding operative treatment, together with enlargement of the gall-bladder from stones or fluid accumulation, the lumbar route offers certain advantages. He pays tribute to Edebohls, whose pioneer work has opened up this previously uncultivated field of surgery.

Keep Women Out for Their Own Sakes.—Professor Zimmer, of Berlin, has been investigating the causes of insanity among women, and has come to the conclusion that if women are admitted into competition with men the inevitable result will be a tremendous increase of insanity among the women. He finds that the percentage of women teachers who become insane is almost double that of the men teachers. Inquiries were also made about women employed as telegraphers, sales clerks, and in the telephone service, and, furthermore, with regard to women engaged in the Swiss watchmaking trade. These inquiries showed that in the occupations mentioned a far larger proportion of women than men succumb to mental disorders.—(*Medical Times.*)

Hints.—

1. Indigestion and consumption is a bad combination.

2. Tapeworms are said not to thrive on a pure cocoanut diet.

3. Blood poisoning, red line up arm; Ichthyol pure, locally, gutta percha and bandages; Calcium sulphide internally; Suspension of the arm, and catharsis.

4. Try goosegrease, 12 per cent. solution of Iodine, for ringworm.

5. Use cranberry juice for fever-thirst and vomiting.

6. Tonsillitis points to rheumatism and on to endocarditis.

7. Gonorrhœa has *its* rheumatism and endocarditis.

8. The far-sighted treatment for gonorrhœa and for tonsillitis is Calcium sulphide.

9. There is an "explosive nervousness" and delirium, a nervous irritability, etc., with the imprudent use of strychnine as a tonic.

10. When symptoms are irritable stomach and slight constipation give Sodium Phosphate ℥ss every 2 or 3 hours.—(C. E. Boynton, M. D., Los Banos, Cal.)

In Acute Bronchitis.—Lyon, in *Le Progrès Médical,* gives the following prescription:

℞ Tinct. scillae, m x.
Syr. codeinae, ℥v.
Ext. hyoscyami, gr. j.
Aq. aurantii florum, ℥iiss.
Julep, ℥iv.

M. Sig. One dessertspoonful.

NOTES & COMMENT

Artificial Testicles.—One of the latest things of interest, as being quite out of the ordinary, is the insertion of artificial testicles. When a patient has undergone removal of one or both of the glands he may have them replaced with ovoids of celluloid of the required size, the scrotum being sewed up around them. It is said that several cases of replacement of this kind have been performed at the expressed desire of the patient and if this is true it is a striking commentary on masculine vanity. Why a man should care to have one of these celluloid bodies placed in the scrotal sac is something that is a trifle difficult to understand; but something novel is always cropping up in medical and surgical lines and if the patient wants artificial testicles we see no reason why he should not have them.

Only One Finished.—A particularly striking object lesson was furnished by Class A. for automobiles 1000 pounds and under, in the recent New York-Boston "Reliability Run.'

Fourteen carriages started in this class, fourteen drivers looked forward to new records and fresh honors, but alas, thirteen, the unlucky thirteen, fell by the wayside and it was left for R. M. Owen in The Oldsmobile to finish in solitary glory.

In addition to being the victor in its class, the Oldsmobile made the whole run without a single penalized stop of any kind, thus indisputably demonstrating the high degree of perfection attained by the Olds Motor Works in this world popular runabout which is "Built to run *and does it.*"

The Obstetric Fee.—The time-honored custom of accepting a case of confinement for a certain fixed fee is a poor one, and should certainly be replaced by some more equitable system of charging. When the fee is a generous one it is all right; but to attempt to do properly the work involved in caring for a woman before, during, and after confinement for ten dollars—the average fee— is no doubt the cause of many a case of puerperal infection owing to the careless manner in which the work is performed by the physician, who is in a hurry to get back to his office or to make other calls which are more remunerative. A better plan would be to charge for each visit or office call made before confinement, for each examination of the urine, for the amount of time spent at the time of the confinement, and for each visit made thereafter.—(*Medical Age.*)

Novel Protective Dressing. — Karl Springer, writing in the *Centralblatt für Chirurgie*, has his article reviewed in the *Brief* as follows:

Karl Springer describes a new protective dressing, which is intended especially for use in plastic operations, skin grafting, etc., where it is important to keep the dressing from adhering to the surface of the wound. The various materials, such as rubber tissue, oiled silk, oiled gauze, etc., which are in general use for this purpose, are open to the objection that they stand sterilization by heat but once, after which they must be preserved in some antiseptic solution, which often impairs their strength or pliability, and always requires washing off in sterile water to remove before use.

The substance which the author employs as a substitute is paraffin of a melting point of 45° to 47° C. If a small piece of this is thrown on the surface of boiling water, it is first melted, and then on

cooling forms a thin, floating pellicle, which may be handled with forceps, and cut to the proper shape with scissors. The technique of its practical application is simple. A flat vessel provided with a cover is partially filled with water, and brought to a boiling point. A piece of paraffin is then thrown in, and the boiling continued for ten minutes. The vessel is then placed in another dish of cold water, causing the paraffin to harden as a thin pellicle on the surface. As soon as this occurs, the vessel is placed in water at a little above body temperature, which keeps the pellicle soft and pliable. Holes for drainage may then be punctured through it with a sterile needle, and after cutting to shape, it is lifted with forceps, and applied to the wound with the water side down. The thickness may easily be controlled as experience dictates by the size of the lump of paraffin used.

Up to the Doctor at Panama.—*American Medicine* says: It has been said that every tie of the Panama railroad represented a sacrificed life. In the building of the canal our government and our profession owe it to the world that no such disgrace, suffering and loss of life shall take place. At this time, moreover, it is absolutely unnecessary, because our knowledge of preventive and curative medicine is such as to make it entirely possible to carry out the undertaking without any such scandals. This is indeed demonstrated by the experience in Cuba. A similar foresight and science may be realized in building the canal. For years 10,000 or 20,000 workmen must live and work there, and if stringent regulations are enforced as to the prevention of typhoid and other infectious diseases there is no need that the mortality shall be much or any higher than in enterprises carried out in the United States. An adequate force of good medical men must be provided, well-equipped hospitals must be supplied, and an almost military discipline should be maintained as to the prevention of disease and sanitation. The medical profession of our country has here another opportunity to exhibit to the world the national and professional qualities which were so splendidly shown in Cuba.

Shall Syphilitic Males Be Emasculated?—The syphilitic taint which is permeating slaf blood has in recent years been brought before the council of state. What is to be done? A drastic remedy has been proposed, and, although not on the statute-book, is, I believe, as quietly and expeditiously carried out as a modern removal of the vermiform appendix. I say "believe," because in different parts of the Russian union I was so often thus informed, and credibly, that " there must be something in it." I refer to the castration of syphilitic subjects, *nolens volens*. There is no gainsaying the fact that the remedy is a specific one, and, on the subject operated on, it is pretty certain his career as a propagator of venereal diseases is effectively checked.

But the Russian castration idea is an old one. Even in our own America, castration has been proposed for putting a stop to the procreative faculties of professional criminals. And one of the salient recommendations proposed and carried to unanimity at the international convention for remedying the Jew-evil, held at Paris two years ago, was for joint-action by all countries in emasculating the Jew residents. And the proposition actually came from the American delegate.

But, however efficacious these remedies may be, public opinion is not yet ripe enough for such drastic measures. It may be so twenty years hence.—*Medical News.*

Contentment with the divine will is the best remedy we can apply to misfortunes. —Sir W. Temple.

BOOK REVIEWS

Diseases of the Stomach. Their Special Pathology, Diagnosis and Treatment, with Sections on Anatomy, Physiology, Chemical and Microscopical Examination of Stomach Contents, Dietetics, Surgery of Stomach, Etc. By John C. Hemmeter, M. D., Philos, D., Professor in the Medical Department of the University Hospital, Baltimore, Md.; Consultant to the University Hospital, and Director of the Clinical Laboratory; Author of "A Treatise on Diseases of the Intestines", Etc. With many Original Illustrations, Many of Them in Colors, and a Lithograph Frontispiece. Third Edition. Size, 9½ x 6 inches. Pages, 872. Price, Cloth, $6.00 Net. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia, Pa.

This is the third edition of this work since 1897, but so many important alterations and additions have been made that the present form is to all intents and purposes an entirely new book. One of the most striking features of this edition is the emphasis that has been placed on the factor of differential diagnosis and some new matter has been written on the subject of ulcer and carcinoma, together with a chapter on gastric lipase. The importance which diseases of the stomach have assumed in this age of special specialization makes literature along this line of interest to a constantly increasing number of readers, and no one knows better than Hemmeter how to select that which is of value in new ideas and theories and how to reject that which is not proper for consideration. The book has been brought thoroughly down to date and it treats exhaustively of the various diseases of the stomach, their etiology, treatment and cure. In it are found the records of an unusually interesting and successful practice in this specialty and the authoritativeness of it all should meet with hearty recognition from the author's co-workers in the field of medicine.

The illustrations are of unusual interest and value, the colored plates being particularly excellent in finish. The publishers have ably seconded Hemmeter's efforts to produce an admirable book. Special features include a tabulation of the literature on many of the diseases mentioned and a well-compiled table on the differential diagnosis, and the appendix contains a list of the authors represented, together with an index of subjects.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Laureate of the Royal Academy of Medicine in Belgium, Etc., Etc.; Assisted by H. R. M. Landis, M. D., Assistant Physician to the Out-Patient Department of the Jefferson College Hospital. Volume III. September, 1902. Diseases of the Thorax and its Viscera, Including the Heart, Lungs and Bloodvessels—Dermatology and Syphilis—Diseases of the Nervous System—Obstetrics. Pages, 417. Size, 5¾ x 9¾ inches. Lea Brothers & Co., Publishers, Philadelphia and New York.

Contributions of unusual interest and merit form part of the third volume in this valuable series of books. The contributors are William Ewart, M. D., F. R. C. P., William S. Gottheil, M. D., Richard C. Norris, M. D., and William G. Spiller, M. D. Ewart treats of diseases of the thorax and devotes much of the space allotted to him to a discussion of the advances made in the treatment of

pulmonary tuberculosis. He sets his facts forth clearly and succinctly and puts much of value into his subject. Gottheil is the writer on syphilis and dermatology and his contribution is well illustrated from photographs of rare and unusual cases. Among the cases reported under dermatology is one of canities, and a report is given of an extremely successful treatment of a case of severe burns, over one-fifth of the entire body, with picric acid.

Spiller's contribution on nervous diseases gives the bulk of its space to a discussion of diseases of the brain, where the treatment of out of the ordinary cases is carefully laid down. Under the head of obstetrics, Norris reports a number of interesting cases and has some excellent general suggestions as to treatment to offer. A carefully arranged index furnishes a ready reference for the reader.

General Paresis, Practical and Clinical. By Robert Howland Chase, A. M., M. D., Physician-in-Chief, Friends Asylum for the Insane; Late Resident Physician, State Hospital, Norristown, Pa.; Member of the American Medico-Psychological Association; Fellow of the College of Physicians, Philadelphia. Illustrated. Pages, 282. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia, Pa., 1902.

This present age is one of condensation, in which short forms of literature are the most likely to be of value. In medical books, it is true, there are some which, by the very nature of the subject they treat, must be voluminous; but there is a growing tendency, where it is possible, toward compilation and condensation. Chase's book is a sample of what can be done by intelligent work along this line. He recognizes, as do some others, that the general practitioner and the family physician is in many cases called to make a first or partial diagnosis of cases which afterwards properly come under the care of a specialist. The medico-legal aspect of the diagnosis of insanity is not the least important of its many-sided interest and the family physician must on occasion be prepared to sit in judgment on a man's reason.

With a desire to give the physician something definite upon which to go, Chase has written this book, which is detailed in spite of its comparative smallness. Abstracts of reports on cases of paresis in all stages are given, furnishing valuable diagnostic material, and a number of photographs of the facial expression in more or less advanced paretic conditions aid in the establishment of a correct diagnosis. Considerable space is devoted to a chapter on etiology, in which this important branch of the study is fully gone into, the text being supplemented by more reports of cases observed in hospitals where the full history of the case could be obtained. In a convenient form Chase has given us an authoritative book, which should be useful to the profession.

The Diseases of Infancy and Childhood. For the Use of Students and Practitioners of Medicine. By L. Emmett Holt, M. D., LL. D., Professor of Diseases of Children in the College of Physicians and Surgeons (Columbia University) New York; Attending Physician to the Babies' and Foundling Hospitals, New York; Etc., Etc. With 225 Illustrations, Including Nine Colored Plates. Pages, 1136. Second Edition, Revised and Enlarged. Price, Cloth, $6.50 Net. D. Appleton & Co., Publishers, New York.

The growing importance of the diseases of children as a special branch of the practice of medicine has given rise to a number of excellent text-books on the subject, one of the best of which is the volume under consideration. The same importance of the subject is enhanced by

the recent knowledge made possible by individual investigation, so that a thoroughly modern text-book is a desideratum to the student, and to the practitioner who desires to keep abreast of his fellow practitioners who are working along this line. Holt's book is admirable in many respects. It is perhaps less richly illustrated than other works on the same topic, but the illustrations that are furnished are practical and valuable, while the insertion of numerous charts, tables and diagrams adds much to its convenience as a book for the student.

The chapters on milk and infant-feeding, subjects which particularly engage the attention of the pediatrist, have been re-written in this edition and considerable new material has been incorporated with the text. Illustrative weight-charts are published for the convenience of the readers. Due importance is given to the diseases of the digestive system, while the specific infectious diseases are treated at some length. There is also a capital section on the diseases of the circulatory system.

Definite suggestions are given for the care of the infant and of the child. The book is clear, practical and concise.

Typhoid Fever. By J. T. Moore, M. D., M. C. P. S., Professor of Theory and Practice of Medicine, Medical Department of Hamline University, Minneapolis, Minn. Pages, 159. Price, $1.00, Net. G. P. Engelhard & Co., Chicago, 1902.

This monograph is the result of Moore's extended studies on the literature of typhoid fever, which he finds representing the widely differing views of the various writers and investigators. It is his object to condense their findings on the subject and to add to the condensation some of the results gathered from his own investigations along the same line. He has comfortably accomplished this and has condensed his work into the space of less than 160 pages. His little book is especially written for physicians in districts in which large medical libraries are not available, in the hope that they may find sufficient material for a comprehensive knowledge of the ideas and opinions of writers on typhoid fever.

The carefulness with which the work has been done, the compact form into which it is put and the low price of the book itself are strong factors in its usefulness to the physician.

Hemoglobin Scale. Devised by T. W. Tallquist. A Convenient Form of Device for Estimating Hemoglobin. Pages, 50. Price, Postpaid, $1.50. Wentzel Hagelstam, Publisher, Helsingfors, Finland. Edward Pennock, Importer, 3609 Woodland Avenue, Philadelphia, Pa.

This means of hemoglobin estimation takes the form of fifty sheets of filter paper of standard quality, each sheet being divided in three by perforations, and a color scale. The latter is composed of ten shades, ranging from 10 to 100. The drop of undiluted blood is permitted to soak into the piece of filter paper and to stand until it has lost its gloss, but before it is thoroughly dry. Comparison between the color of the blood-spot and the colors of the scale gives a close estimation for hemoglobin. Cabot says of this device: "Errors of ten per cent. are possible, but it is my belief that far greater errors are frequently made with v. Fleischl's or Oliver's instrument in the hands of the great majority of physicians". It is certainly in a most convenient form, and as opportunity for 150 tests is given the cost is not great.

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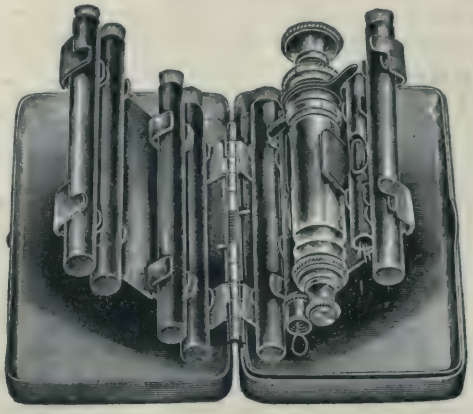

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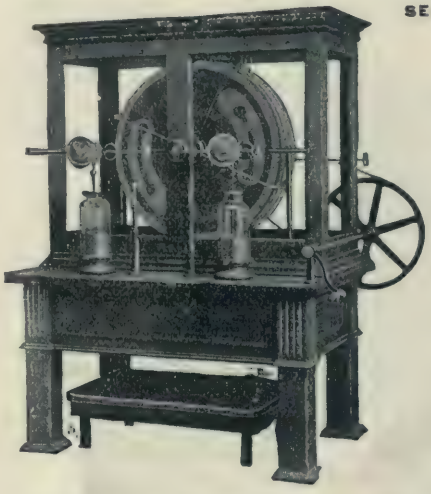

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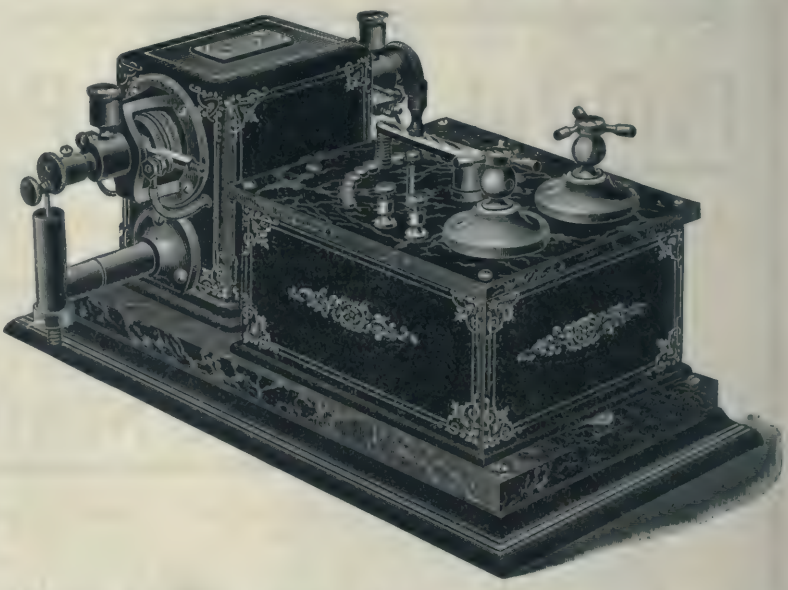

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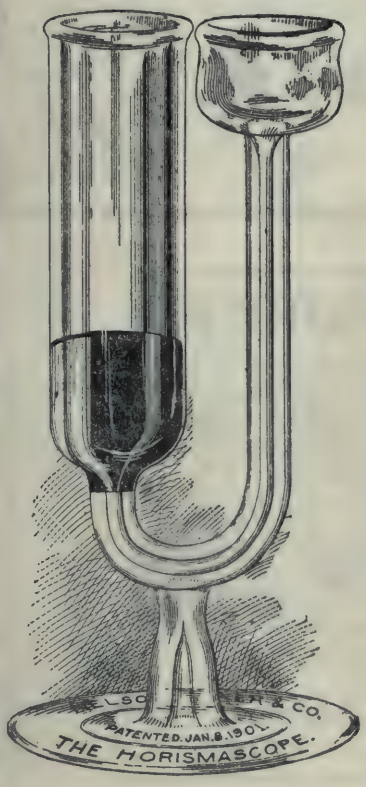

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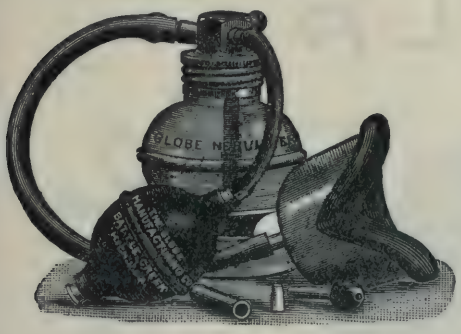

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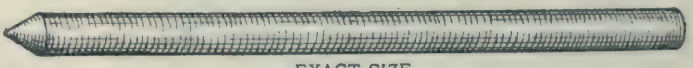

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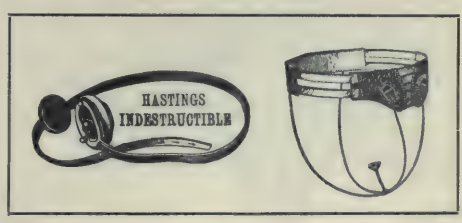

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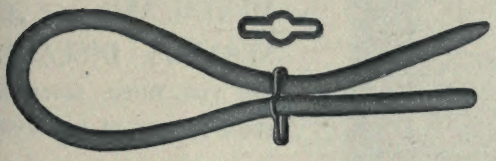

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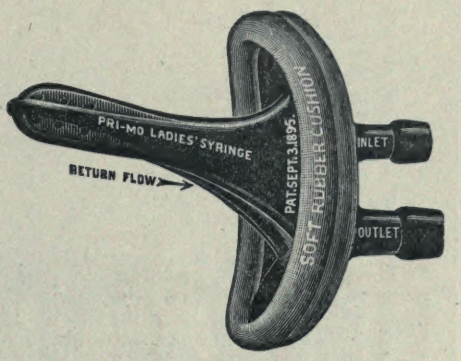

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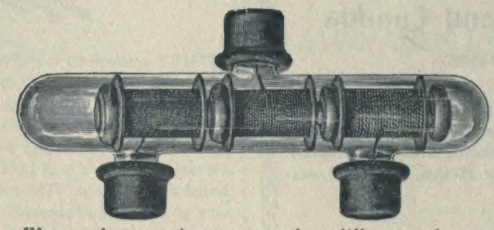

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